



NACA
NATIVE AMERICANS
FOR COMMUNITY ACTION

BOARD MEETING PACKET

October 21, 2026



NACA Main Office
1500 E. Cedar Ave., Suite 56
Flagstaff, Az. 86004
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NACA Family Health & Wellness Center
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AGENDA



Monthly Meeting of Board of Directors
In-Person Meeting at Hopi Room
October 21, 2026 at 5:30 p.m.

AGENDA

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

Call to Order: PM on October 21, 2026

REGULAR MEETING

Roll Call: Board Members

LivA'ndrea Knoki, President
Vacant, Secretary
Melinda Smith

Juliette Roddy, Vice-President
Victoria Tewa
Skyler Bordeaux

Vacant, Treasurer
Rachael Baker
Ammon Barker

NACA Mission Statement:

The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

1. Prayer –

2. Agenda – Adoption of the agenda, as submitted, is recommended. (ACTION)

October 21, 2026 Board Agenda

3. Minutes – Approval of Minutes (ACTION) – Estimate 3 minutes:

September 16, 2026 Board Minutes

4. Public Participation (limited to 3 minutes)

5. Announcements (NON-ACTION) – New Staff

1) Christine Keyonnie – Chief Financial Officer

6. Consent Items (ACTION/NON-ACTION)

Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

A. Proposal for the Reach UR Life (RUL) Native Youth Suicide Prevention Program (ACTION) – Onelia Soto

B. Review and Approval of Policies & Procedures (ACTION) – Francisco Rendon

- Revision: HR 100 Human Resources Philosophy
- Revision: HR 101 General Conditions of Employment
- Revision: HR 102 Equal Employment Opportunity
- Revision: HR 103 Americans with Disabilities Act
- Revision: HR 104 Immigration Law Compliance
- Revision: HR 110 Professional Code of Conduct
- Revision: HR 111 Conflicts of Interest
- Revision: HR 112 Outside Employment
- Revision: HR 113 Chain of Command
- Revision: HR 120 Confidentiality and Disclosure of Information
- Revision: HR 121 Employee Privacy Protections and Access to Personnel Files
- Revision: HR 130 Electronic Communication
- Revision: HR 200 Selection & Hiring Process
- Revision: HR 201 Students, Interns, and Volunteers
- Revision: HR 202 Hiring of Relatives
- Revision: HR 210 Employment Screening and Requirements
- Revision: HR 211 Employee Immunization and Tuberculosis Testing
- Revision: HR 212 Offer of Employment
- Revision: HR 213 Employment Status
- Revision: HR 214 Probationary Period
- Revision: HR 215 Employee Classifications
- Revision: HR 217 Hours of Work and Pay Administration
- Revision: HR 218 Alternative Work Schedule
- Revision: HR 219 Telecommuting
- Revision: HR 220 New Employee Orientation
- Revision: HR 221 Time and Attendance Standards
- Revision: HR 222 Dress and Personal Appearance
- Revision: HR 223 Employee Identification Badges
- Revision: HR 230 Performance Evaluation and Merit Increases
- Revision: HR 231 Clinical Supervision
- New: HR 232 Employee Supervision
- Revision: HR 250 Disciplinary Action
- Revision: HR 251 Employee Grievance Procedure
- Revision: HR 252 Employee Separation
- Revision: HR 300 Employee Benefit Programs
- Revision: HR 301 Annual Leave
- Revision: HR 302 Sick Leave
- Revision: HR 303 Paid Holidays
- Revision: HR 304 Family Medical Leave Act (FMLA)
- Revision: HR 305 Military Leave and Military Service

- Revision: HR 306 Administrative Leave
- Revision: HR 307 Personal Leave of Absence (Without Pay)
- Revision: HR 310 Mandatory Annual Employee Training
- Revision: HR 311 Employee Training and Development
- Revision: HR 312 Staff Continuing Education in Primary Care and Behavioral Health Settings
- Revision: HR 313 Employee Travel
- Revision: HR 314 Licensing and Certification Reimbursement
- Revision: HR 320 Employee Wellness Program
- Revision: HR 400 Workplace Safety and Employee Responsibility
- Revision: HR 401 Workers' Compensation and Employee Injury
- Revision: HR 405 Use of Motor Vehicles
- New: HR 406 Utility Vehicle (Side-by-Side) Operation and Security
- Revision: HR 410 Drug-Free and Alcohol-Free Workplace
- Revision: HR 411 Tobacco-Free Workplace
- Revision: HR 412 Sexual and Other Harassment
- Revision: HR 413 Whistleblowing
- Revision: HR 419 Early Identification, Assessment, and Management of Suicide Risk
- Revision: HR 420 Sudden Death of an Employee, Patient, or Client
- Revision: HR 425 Security Policies and Protocols
- Revision: HR 500 Credentialing and Privileging of Licensed Independent Practitioners
- Revision: HR 501 Policy for Teaching Activities Involving Students in the Ambulatory Health Setting
- Revision: HR 502 Publication Works & Activities
- Revision: MR 400 Medical Records, General Rule
- Revision: MR 410 Medical Records Protection Policy
- Revision: MR 420 Release of Medical Records
- Revision: MR 430 Request for Medical Records
- Revision: MR 440 Documentation in Medical Records
- Revision: MR 450 Electronic Health Record Organization
- Revision: MR 460 Electronic Health Records Policy for Scanning Documents and Images
- Revision: MR 470 Annual Purge of Charts
- Revision: MR 480 Records Retention
- Revision: MR 490 Medical Records Access Policy
- Revision: MR 500 Student Access to Electronic Health Records (EHR) in Healthcare Setting
- Revision: RR 130 HIPAA Notice of Privacy Practices
- New: AG 410 LUMA Broadcast Messaging & Patient Communication
- New: BIL 430 Provider Enrollment & Payer Credentialing
- New: MS 665 Provider Coverage
- 2026 – 2027 Risk Management Program
- QI & Technology Modernization Coordinator

7. **Regular Items** (ACTION/NON-ACTION)

A. Financial Report:

- Financial Updates (NON-ACTION) – Christine Keyonnie & Dante Davis

B. CEO/NACA Program Reports (NON-ACTION)

8. Old Business

9. New Business

A. NACA Board Bylaws (ACTION) – Juliette Roddy

B. Election of NACA Board Officers (ACTION) – Juliette Roddy

C. Early Closures for November 25th and December 24th (ACTION) – Christopher David

Next Board Meeting Date: November 18, 2026 at 5:30 p.m.

Adjournment of Meeting:

MEETING MINUTES
SEPTEMBER 16, 2026



Monthly Meeting of Board of Directors
In-Person Meeting at Hopi Room
September 16, 2026 at 5:30 p.m.

MEETING MINUTES

Notice is hereby given to the members of the Board of Directors and to the public that the Board of Directors, Native Americans for Community Action, Inc. will hold a Board Meeting. The Native Americans for Community Action, Inc. Board of Directors may vote to go into Executive Session, which will not be open to the public, to discuss certain matters.

Call to Order: 5:37 PM by Board President Liv Knoki.

REGULAR MEETING

Roll Call: Board Members P/NP/E

Liv Knoki, President – P
Vacant, Secretary
Melinda Smith – P

Juliette Roddy, Vice-President – P
Victoria Tewa – P
Skyler Bordeaux – P

Vacant, Treasurer
Rachael Baker – E

NACA Mission Statement:

The mission of Native Americans for Community Action, Inc. is to provide preventative wellness strategies, empower, and advocate for Native people and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

1. **Prayer** – Offered by Juliette Roddy.
2. **Agenda** – Adoption of the agenda, as submitted, is recommended. (ACTION)

September 16, 2026 Board Agenda

*Motion to **adopt and approve** with alteration of the Board Agenda.*

Motion: Juliette Roddy Second: Victoria Tewa

Yes: 4 No: 0 Abstain: 0

3. **Minutes** – Approval of Minutes (ACTION) – Estimate 3 minutes:

August 19, 2026 Board Minutes

*Motion to **adopt and approve** as provided.*

Motion: Juliette Roddy Second: Melinda Smith

Yes: 4 No: 0 Abstain: 0

4. Public Participation (limited to 3 minutes)

No public participation.

Community Development Program Report (NON-ACTION) – Dorothy Gishie

5. Announcements (NON-ACTION) – New Staff

- 1) Jessica Cooley – Patient Services Coordinator
- 2) Elena Yazzie – Medical Billing Specialist

6. Consent Items (ACTION/NON-ACTION)

Items for consideration, discussion, and possible approval. Items on consent agenda are considered routine and unless otherwise indicated, expenditures approved by the Board are budgeted items.

- A. Three quotes have been obtained for the proposed Suite 26 office expansion and conference room renovation projects and are being presented to the NACA Board of Directors for review and approval (ACTION) – Christopher David

*Motion to **adopt and approve** the Loven Contracting quote.*

Motion: Melinda Smith Second: Victoria Tewa

Yes: 4 No: 0 Abstain: 0

- B. Review and Approval of Policies & Procedures (ACTION) – Francisco Rendon

- New: FIN 100 Financial Management Program
- Revision: FIN 101 Adoption of Federal, State, Tribal, & Local Regulations
- Revision: FIN 102 Fiscal Year
- Revision: FIN 103 Basis of Accounting
- Revision: FIN 104 Finance Department Structure & Responsibilities
- Revision: FIN 105 Financial Management System Standards
- Revision: FIN 106 Chart of Accounts Governance
- Revision: FIN 107 Chart of Accounts Definitions
- New: FIN 110 Internal Controls & Segregation of Duties
- New: FIN 115 Financial Risk Management
- New: FIN 120 Financial Reporting & Management Review
- New: FIN 125 Board Financial Oversight
- New: FIN 140 Revenue Cycle & Financial Segregation
- New: FIN 145 Financial Fraud, Waste, & Abuse Prevention
- Revision: FIN 150 Budget Development, Approval, & Monitoring
- New: FIN 200 Revenue Recognition
- New: FIN 205 Contractual Allowances & Net Patient Revenue
- New: FIN 210 Cash Receipts Reconciliation & Revenue Accounting
- New: FIN 215 Accounts Receivable Valuation
- New: FIN 220 Allowance for Doubtful Accounts
- New: FIN 225 Financial Assistance & Sliding Fee Accounting
- New: FIN 230 Write-Off Accounting & Approval Authority
- New: FIN 235 Credit Balance Liabilities & Refund Accounting
- New: FIN 240 Revenue Cycle Financial Reporting & Analytics

- New: FIN 245 Healthcare Reimbursement Accounting
- New: FIN 255 Medicare Cost Report Oversight
- New: FIN 265 Sliding Fee Program Financial Monitoring
- Revision: FIN 300 Cash & Cash Equivalents
- New: FIN 305 Banking & Depository Management
- Revision: FIN 310 Cash Transfers & Investments
- Revision: FIN 315 Petty Cash
- New: FIN 320 Treasury Reconciliation Activities
- New: FIN 325 Electronic Funds Transfer (EFT) Management
- New: FIN 330 Merchant Services & Credit Card Receipts
- Revision: FIN 335 Cash Handling Oversight
- New: FIN 340 Bank Fraud Prevention & Treasury Security
- New: FIN 345 Treasury Reporting & Liquidity Monitoring
- New: FIN 350 Treasury Continuity & Emergency Cash Management
- Revision: FIN 400 Cash Disbursement
- Revision: FIN 405 Account Payable
- New: FIN 410 Vendor Management
- Revision: FIN 415 Employee Reimbursement
- Revision: FIN 417 Travel Expenditures & Reimbursement
- Revision: FIN 420 Recurring Payments & Obligations
- Revision: FIN 425 Check Management & Approval Authority
- New: FIN 430 Disbursement Monitoring & Expenditure Review
- Revision: FIN 435 Credit Cards, Purchasing Cards, & Charge Accounts
- Revision: FIN 500 Procurement Governance
- Revision: FIN 505 Purchasing Threshold
- Revision: FIN 510 Purchase Requisitions
- Revision: FIN 520 Service Contracts
- Revision: FIN 525 Receiving Reports
- New: FIN 530 Procurement Monitoring
- New: FIN 535 Sole Source Procurement
- New: FIN 540 Competitive Procurement & RFPs
- New: FIN 545 Federal Procurement Compliance (2 CFR Part 200)
- Revision: FIN 575 Program Incentives & Participant Support Items
- Revision: FIN 600 Payroll Administration
- Revision: FIN 610 Payroll Processing
- New: FIN 625 Payroll Reconciliations
- New: FIN 630 Payroll Processing
- Revision: FIN 700 Capital Assets, Inventory, & Property Management
- Revision: FIN 1300 Grant Management
- Revision: FIN 1305 Donation Management
- Revision: FIN 1310 Fundraising Revenue
- Revision: FIN 1315 Program Income
- New: FIN 1320 Restricted Funds Management
- New: FIN 1325 Grant Reporting & Closeout
- New: FIN 1330 IRS Tax-Exempt Compliance
- New: FIN 1335 Form 990 Review & Filing
- New: FIN 1340 Federal Award & Notice of Award Compliance

- Revision: FIN 1345 Single Audit Compliance
- New: FIN 1365 UIO/HIS Funding Compliance
- Revision: FIN 1380 Federal Drawdown Management
- Revision: FIN 1385 Cost Allocation & Indirect Cost Methodology
- New: FIN 1405 Corrective Action Plan Management
- New: FIN 1420 Financial Record Retention
- New: FIN 1425 Finance Business Continuity & Disaster Recovery
- New: BIL 100 Revenue Cycle Management Program
- Revision: BIL 105 Insurance Coverage Verification
- Revision: BIL 110 Coding & Billing for Claim Submission
- New: BIL 112 Charge Capture
- New: BIL 113 Provider Documentation Compliance
- New: BIL 115 Revenue Cycle Performance Improvement
- New: BIL 116 Coding Audit & Monitoring Program
- New: BIL 200 Patient Financial Responsibility
- Revision: BIL 210 Sliding Fee Discount Program
- New: BIL 220 Financial Assistance Program
- New: BIL 230 Payment Plans
- New: BIL 240 Refunds & Credit Balances
- New: BIL 250 Credit Balance Resolution & Overpayment Recovery
- New: BIL 300 Claims Submission & Tracking
- New: BIL 310 Denial Management
- New: BIL 315 Accounts Receivable Follow-up
- New: BIL 320 Accounts Receivable Management
- New: BIL 325 Cash Collections & Payment Posting
- New: BIL 330 Patient Collections
- New: BIL 340 Write-Offs and Bad Debt Management
- New: BIL 350 Telehealth Billing
- New: BIL 400 Medicare FQHC PPS Billing
- New: BIL 410 AHCCCS & Medicare Billing
- New: BIL 420 Outreach & Enrollment Assistance
- New: BIL 425 Third Party Liability & COB
- New: BIL 455 Revenue Cycle Fraud, Waste, & Abuse Prevention

*Motion to **adopt and approve** as provided.*

Motion: Juliette Roddy Second: Melinda Smith

Yes: 4 No: 0 Abstain: 0

7. **Regular Items** (ACTION/NON-ACTION)

A. Financial Report:

- Financial Updates (NON-ACTION) – Christopher David & Dante Davis

B. CEO/NACA Program Reports (NON-ACTION)

8. **Old Business**

9. **New Business**

Next Board Meeting Date: October 21, 2026 at 5:30 PM

Adjournment of Meeting: September 16, 2026 at 7:17 PM

CONSENT ITEMS

Proposal for Community Development

Reach UR Life Native Youth Suicide Prevention Program

1. Executive Summary: The Reach UR Life Program has cultivated strong community partnerships to provide a suicide prevention program tailored to youth needs and is informed by cultural perspectives. The Reach UR Life program has operated with grant funding. Currently, ARPA funds finance the program, which will expire in December 2026. The RUL Program currently has five positions supported through a combination of funding sources. Specifically, three positions are funded 100% through ARPA, and one is funded at 10% through an ARPA grant. Lastly, one position is funded 40% through the Behavioral Health Program and 60% through an ARPA grant. However, this position has since been removed from RUL program.

The Reach UR Life Program applied to the Garrett Lee Smith Grant; however, the program was not selected to receive this funding. The Reach UR Life is requesting NACA to fund the salaries of its four team members through end of August 2027. Without replacement funding, these positions and the services they provide will be significantly impacted when ARPA funding ends.

2. Statement of Need: The Reach UR Life program operates under grants. The program includes four team members who administer youth suicide prevention activities, training, and community events in Coconino County and on the Navajo and Hopi reservations. The program does not generate revenue. Federal and foundation grants fund program administration costs, including salaries. The largest allocation goes to administrative costs, which financially hurts RUL.

3. Role and Descriptions of Key Positions:

- A. Youth Development and Support Coordinator –** The Youth Development and Support Coordinator is responsible for implementing curricula and providing technical assistance and Support for youth engagement activities. This position is primarily responsible for developing, establishing, and maintaining partnerships with youth-serving agencies and organizations actively participate in federal grant and foundation applications. This position also maintains the program's Memorandum of Understanding with partners. Assists in preparing, maintaining, and acquiring relevant documentation, files, and records, ensuring rigorous protection of client information for data collection and submission. Maintains updated curriculum database and training records for program reporting. Provides all scheduling and arrangements for training-related activities. Plans and coordinates QPR, safeTALK, and ASIST training, including preparing training materials, marketing, and distributing them to partners and surrounding communities. The current YDSC serves as a trainer for safeTALK and ASIST, and facilitator for Gathering of Native Americans (GONA) and the Mindfulness Substance Abuse

Treatment for Adolescents (MBSAT) curriculum. Designs, prepares, and utilizes educational aids and materials related to mental health awareness for youth, parents, and other stakeholders involved in youth suicide prevention.

- B. Mental Health Specialist** – Facilitates preventive programming in local schools, dorms, and other youth-serving organizations and provides suicide prevention training for health professionals and youth-serving professionals (teachers, other school staff, and community members). The current Mental Health Specialist serves as a trainer for QPR for Indigenous Communities and ASIST and is a GONA and MBSAT facilitator. This position also builds on Zero Suicide efforts at NACA and with program partners by assisting with screening development, referral processes, coordination of aftercare services, and postvention protocols and services. The Mental Health Specialist serves as the point of contact for program partners and the community for referrals for youth counseling services. They provide case management functions such as initial communication, service coordination, and conducting intakes so youth can receive services with the program's Youth Psychotherapist. The Mental Health Specialist also collects and reports project data, including outcomes, prevention programs, identification, referral, and follow-up of at-risk youth. In addition, this position establishes and maintains partnerships with collaborating agencies to promote community events and disseminate program information and actively participates in federal grant and foundation applications.
- C. RUL Program Manager** – Provide leadership, guidance, and operational support to staff as program's needs evolve. Build partnerships with community organizations to identify needs and improve program effectiveness. Supervise and support a four-person team, including coordinating workloads, coaching, and providing performance guidance. Support grant development by identifying funding opportunities and contributing to application preparation and submission. In addition, the program manager also provides preventative programming, curricula, and training to youth-serving organizations and the community. The current Program Manager serves as a trainer for QPR for Indigenous Communities and is a MBSAT facilitator.

4. Mission Alignment & Why now: Part of Native Americans for Community Action's mission is to create a healthy community grounded in harmony, respect, and Indigenous values. The Reach UR Life Youth Suicide Prevention Program is part of Community Development Department's services that are designed to provide services and support to those in need within the Flagstaff community and the Navajo and Hopi reservations. Continued funding for program operation is critical in promoting that life is sacred and our youth matter. Without funding, youth, families, and community members will be adversely affected. In addition, NACA will face compromising situations where commitment to the community will be diminished.

The Reach UR Life team plays a vital role in community & workplace suicide prevention. It provides a wide range of evidence-informed, culturally responsive training and support, including:

- safeTALK – Suicide Alertness for Everyone
- ASIST – Applied Suicide Intervention Skills Training
- QPR for Indigenous Communities – Question, Persuade, Refer
- Cultural Humility & Intergenerational Trauma
- Basic Counseling
- Suicide Prevention and Awareness in Native Communities
- Bullying Prevention
- Patient Health Questionnaire (PHQ-9) and Suicide Risk Screening
- Other specialized trainings for mental health professionals.

These trainings strengthen the capacity of schools, youth-serving organizations, families, and community members to recognize warning signs, respond appropriately, connect individuals to resources, and ultimately help prevent suicide. See data report for details.

Mental Health Wellness Breaks Initiative:

In May 2025, the RUL program created an initiative that prioritize workplace mental health by utilizing the allotted 15-minute breaks as mandated by the federal guidelines, essentially bringing in staff within NACA together to allow time to away from their workspace to prioritize their self-care and mental health wellbeing.

Stakeholder Outreach:

Another key program aspect is interacting and collaborating with program partners in which outreach to parents, caregivers, and school staff can be established. Outreach includes communicating with key stakeholders of youth suicide prevention on the Reach UR Life program services, youth suicide prevention, gaining insight into suggestions that are culturally responsive to suicide prevention, and overall speaking directly to parents, caregivers, and school staff who interact and work with youth directly. In youth suicide prevention, the youth's environment plays a vital role in the prevention and intervention of suicide and serious mental health concerns. See data report for details.

Preventative Programming and Curricula:

The RUL program supports youth by offering culturally aware workshops that cover a range of topics relevant to youth's lives. This includes, but is not limited to:

- Mindfulness-based Substance Abuse for Adolescents (MBSAT) curriculum

Community impact this funding unlocks.

Funding for continued program operations will provide ongoing support to middle and high schools within Flagstaff Unified School District, local charter schools, Coconino County Juvenile Detention, and other partners. Reach UR Life program will continue to provide life

skills and suicide prevention training for schools and the community and participate in important community events to promote life and provide suicide prevention strategies to the public.

5. Budget and Justification

Current Budget Grant Funds:

Arizona Health First Foundation – 60,000.00 (1 year)

Proposed Grant (60K)			
2026			
Budget Period: 01/01/2026 - 12/31/2026			
I. Revenues			
Grant Revenue		60,000.00	\$60,000.00
II. Personnel Expense – 10% of salary			
Pos	Position		
#	Title	Subtotals	Totals
1	Director – Dorothy Denotsie Gishie Provides supervision, oversight, direction, and assistance in Meeting goals for the Reach UR Life Program.	928.01	
2	Program Manager – Onelia Soto – Provides supervision, assists the Team with deliverables to meet the Reach UR life program goals. Oversees grant deliverables and completes reports as necessary to fulfill grant requirements.	693.95	
3	Youth Development Coordinator – Shoshana James – Provides life skills support, suicide prevention training,	688.11	
4	Youth Therapist – Anya Ashley delivering assessment, diagnosis, treatment planning, and psychotherapy for individuals, families, and groups. The primary population served will be Native American youth through age 24, and the therapist will deliver clinical services in a culturally competent/appropriate manner.	761.45	
5	Mental Health Specialist – Angelina Tso Build upon Zero Suicide efforts at NACA by assisting the organization and program partners in developing referral processes and coordinating aftercare services. Collects and reports on project data, including outcomes, preventive	627.98	\$3,699.50

		programs, identification, referral, and follow-up of at-risk youth. Establishes and maintains partnerships with collaborating agencies for promotion of community events and dissemination of program information.		
		III. EMPLOYEE RELATED EXPENSES		
		Fringe Benefits	768.07	\$768.07

		IV. OPERATIONAL EXPENSES		
		Transportation – Travel to and from the Flagstaff area, Page, Tuba City, City, Winslow, Navajo Reservation, Hopi Reservation, Apache County; mileage to be spread between 20 miles and 180 miles round trip.	9,000.00	
		Consultant Fees Cultural advisor to lead workshops for youth Leadership advisor to lead workshops for youth and family Venue costs in various locations (Flagstaff, Tuba City, Page, Leupp, Kykotsmovi)	21,000.00	
		Building Rent/Lease	10,000.00	
		Instructional Supplies – Pencils, pens, workbooks, and larger Post-its Paper for drawing, varied colored paints, paint brushes, and books.	6,532.43	\$46,532.43
		V. INDIRECT SERVICE COSTS @ 15%	9,000.00	\$9,000.00
		TOTAL CONTRACT SERVICE:		\$60,000.00
		PROJECTED PROFIT/LOSS:		\$0.00

Arizona Health First – Deliverables/Staff Hours Required

The program’s overall intent is to improve long-term well-being, increase understanding of leadership and decision-making, and promote cultural continuity by providing programs that sustain cultural values and integrate traditional healing. The premise of the proposed project is to identify risk and protective factors for suicide and to distinguish effective and sustainable elements of suicide prevention programs. This includes decreasing the incidence of suicide and attempts, promoting emotional health, strengthening family units, and cultivating connectedness.

Deliverables	Goals	Objectives	Tasks Required, Number of Staff & Hours		
1 . To empower families and community members with tools to recognize warning signs of poor mental health and/or an increase in suicide risk within Native American youth.	1. Improve community capacity to recognize and intervene in suicide behaviors among 150 community members in Northern Arizona.	<p>1:1 To decrease suicide and attempts among Native American youth, the Reach UR Life program will conduct five (5) in-depth focus groups comprised of no more than 10 individuals each specified to youth, family, and community members to identify cultural and mental health strategies to strengthen identity for Native American youth by November 20, 2026.</p> <p>1:2 To decrease suicidal ideation and attempts among Native American youth, 100 community members within the Northern Arizona region will attend a suicide prevention training by December 30, 2026.</p>	<p>Establish five focus groups for duration of 3 hours each group. One focus group has been completed. Scheduling 4 more requires 3 staff, 3 hours for focus session and 2 hours of preparation before, and 2 hour after for compiling data and begin workshop planning with cultural leaders.</p> <p>ASIST/safeTALK</p> <p>ASIST requires 2 days and two trainers (Shoshana and Angie). We have a tentative ASIST for January, and SafeTALK is scheduled for November 2nd.</p> <p>safeTALK requires 4 hours (one trainer and one other person to assist.</p>		
2. To increase cultural pride and connection to ancestry among Native youth with ongoing four (4) month cultural workshop sessions.	2. Decrease self-reported feelings of isolation and low self-esteem by strengthening Native American youth identity among 90% of youth who	2:1 90% of Native American youth participating with Reach UR Life cultural workshops will learn three traditional songs or stories from a community elder and facilitate	Contract a cultural advisor, determine hours needed, and plan for four workshops, one each week, including the		

	attend the cultural workshop.	<p>a sharing session with peers by January 22, 2027.</p> <p>2:2 90% of Native youth participating in the Reach UR Life cultural workshops will produce a piece of art, music, or a written project that shares their journey of reconnection and their interpretation of their heritage, by March 31st, 2027.</p>	<p>workshop venue. Will require three staff for planning and contracting. Will require 4 -5 days of work/planning. Data collection will include surveys and workshop evaluations from participating youth. Additional 2-3 days will be required to complete these tasks.</p>		
3. To enhance protective factors and empower youth leadership roles within the family- and community-based systems through education and cultural empowerment.	3. Increase leadership and help-seeking behavior among Native American youth who attend the family-based cultural workshops and events by targeting 100 families and students in the Northern Arizona region.	<p>3:1 By May 31st 2027, the Reach UR Life program will complete three (3) family-based cultural events through drum groups, Gathering of Native Americans (GONA) curriculum and talking circles, specifically aimed at targeting and promoting protective factors within the family utilizing identified strategies derived from data received via focus groups in Goal #1 Objective #1.</p> <p>3:2 By May 7th, 2027, the Reach UR Life program will host one (1) youth-specific leadership workshop with one (1) youth-serving organization located within the Flagstaff area, targeting Native American youth ages 14-18</p>	<p>Will require organizing event, scheduling date, and venue. Two staff will be required to schedule and organize these three events. This will take a few days (3-5) 8 hours a day, with active follow up on venue scheduling, and planning.</p> <p>Workshop will require three staff for up to 6 hours for the workshop. Preparation for workshop will require two hours and two hours after workshop to collect and enter data.</p>		

				<p>RUL will need to submit two reports; the first is a Mid-Term progress report, and a final report. The Mid-Term report is due January 8, 2027, and the Final Report is due 07/09/2027. The reports will require review, assessment and evaluation of program, and budget report.</p> <p>Approximately 20-25 hours a week for three staff is needed in order to carry out all of the grant requirements.</p>		
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Arizona Community Foundation; 10,000.00 (1 year) – RUL has been given authorization from June Brockmeyer, Regional Director of AZ Community Foundation to utilize the funds to support our project. Below is how we intend to use.

Grant Award 10,000.00			Budget Period – 08/01/2026- 08/31/2027	
	Operational Expenses	Amount		
	Supplies	3,000.00		
	Equipment	3,000.00		
	Youth Fund for Counseling Services	1,000.00		
	Snacks	1,000.00		
	Family community engagement events quarterly	2,000.00		

RUL Budget as of August 2026

I. REVENUES

4040	Remaining ARPA funds	457,195.00
4040	Health First Foundation	60,000.00

4040	Arizona Community Foundation	10,000.00
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SALARIES & WAGES (LINKED TO STAFFING SHEETS)

1	1.00	Program Director, DG	62,739.12	10%	6,273.91	
2	1.00	Program Manager, OS	46,912.00	100%	46,912.00	
3	1.00	Youth Psychotherapist, AA	45,385.84	60%	27,231.50	
4	1.00	Youth Development & Support Coordinator, SJ	46,929.09	100%	46,929.09	
5	1.00	Mental Health Specialist, AT	40,162.79	100%	40,162.79	
8	1.00	-	0.00	0%	-	
7	1.00	-	0.00	0%	-	
						\$
17	1.00	-	0.00	0%	-	167,509.30

Employee Related Expense

FICA	12,870.68	
Health Insurance	7,436.58	
Retirement	247.13	
		\$
Unemployment	0.00	20,554.39

V. OPERATIONAL EXPENSES

5210	Per Diem	426.93
5215	Lodging	1,016.52
5230	Transportation	506.41
	Consultant	
5460	Fees	5,296.88
	Office	
5510	Supplies	171.06
	Instructional	
5530	Supplies	489.83
	Building	
5610	Rent/Lease	4,262.84
	Licenses,	
	Dues,	
5632	Subscriptions	2,753.50
	Promotional	
5647	Expense	577.09

5685	Event Expense	743.96
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Total: 16,245.02

V. INDIRECT SERVICE COSTS @ 15%

TOTAL CONTRACT SERVICE:
204,308.71

Projected Revenues: 527,195.0

Projected Profit/Loss before Allocation Expense: 322,886.29

Allocation Expense: 51,574.65

2026 Remaining Balance as of 8/31/2026: 271,311.64

5. Proposal Plan to support ongoing Reach UR Life operations

- Reduce administrative costs
 - Director of Behavioral Health - Currently, salary is funded through the RUL program at 5%. We propose eliminating this and replacing it with BH funds.
 - Director of Community Development Services – Current salary is funded at 10% with RUL funds. We propose that Community Development or NACA fund 10% of the director's salary for one year.
- Reach UR Life Staff – Reduction in employee hours beginning January 1, 2027 through August 31, 2027, until RUL fulfills the AZ Health First Foundation and AZ Community Foundation grant deliverables and responsibilities. NACA to fund RUL 4 staff.
 - Shoshana - Part-time
 - Onelia – Part time
 - Angie – Part time
- Reach UR Life Program and team to be transferred to the Behavioral Health Department

Assessing and evaluating NACA's revenue and liabilities, while identifying investment opportunities, will position the organization to better allocate funding for community development programs that do not generate revenue.

- Conduct an organization-wide analysis of spending to determine needs vs. wants within each department.
 - What does spending look like for all departments within NACA?
 - Are costs programmatically justified?
 - What can each department do without?
 - Limit the purchasing of paper plates, cups, and utensils for staff use. Encourage staff to bring their own utensils and cups.
 - Review spending on extras – Food, gifts, other items. What are they for, how much, and how often are they purchased?
- Assess and evaluate department positions & salaries to determine need
 - Assess and determine need for position prior to announcement, interview, and hiring.
 - Determine department size and the need for higher-salaried positions. Does the department warrant a director? Can a manager do a director's functions without the higher salary cost? Those savings can go right back to community services.

- Assess the viability of combining positions within departments to provide community services. For example, adding additional community development tasks and duties to the front desk secretary in the GSA building, while adding community outreach RUL tasks to the community development case manager.
- Investment Opportunities for NACA - Explore opportunities for return on investment and strategy that will protect the value of, grow, and allow NACA to access assets. This will provide revenue to support essential community programs, such as RUL and other community development programs, that do not generate revenue.
 - NACA will need to:
 - Open a brokerage account
 - Develop a well-defined Investment Policy Statement
 - Select an investment advisor.
 - Establish a sustainable fund portfolio, such as Treasury Bills and money market mutual funds.
 - Have 6 to 12 months' worth of NACA's operating costs in reserve, and place investments.
- Invest in Real Estate - Real estate builds long-term equity and can be used as collateral for future financing.
 - Establish an LLC for Real estate – This will provide liability isolation. It will separate property-related risks and liabilities from the NACA's nonprofit's core operations and assets. NACA can then lease the property as long as the operations support its tax-exempt purpose.

As an organization, NACA has striven to fulfill its mission and create a healthy community grounded in harmony, respect, and Indigenous values. It is imperative that NACA leave its footprint and continue this community support to help individuals and families meet their overall health and social well-being. In this light, and to serve those in need, we must challenge ourselves and the system to create better processes and steward resources better so we can continue serving.



HUMAN RESOURCES POLICY MANUAL

List of Human Resources (HR) Policies:

HR 100	Human Resources Philosophy	HR 250	Disciplinary Action
HR 101	General Conditions of Employment	HR 251	Employee Grievance Procedure
HR 102	Equal Employment Opportunity	HR 252	Employee Separation
HR 103	Americans with Disabilities Act	HR 300	Employee Benefit Programs
HR 104	Immigration Law Compliance	HR 301	Annual Leave
HR 110	Professional Code of Conduct	HR 302	Sick Leave
HR 111	Conflicts of Interest	HR 303	Paid Holidays
HR 112	Outside Employment	HR 304	Family Medical Leave Act (FMLA)
HR 113	Chain of Command	HR 305	Military Leave and Military Service
HR 120	Confidentiality and Disclosure of Information	HR 306	Administrative Leave
HR 121	Employee Privacy Protections and Access to Personnel Files	HR 307	Personal Leave of Absence (Without Pay)
HR 130	Electronic Communication	HR 310	Mandatory Annual Employee Training
HR 200	Selection & Hiring Process	HR 311	Employee Training and Development
HR 201	Students, Interns, and Volunteers	HR 312	Staff Continuing Education in Primary Care and Behavioral Health Settings
HR 202	Hiring of Relatives	HR 313	Employee Travel
HR 210	Employment Screening and Requirements	HR 314	Licensing and Certification Reimbursement
HR 211	Employee Immunization and Tuberculosis Testing	HR 320	Employee Wellness Program
HR 212	Offer of Employment	HR 400	Workplace Safety and Employee Responsibility
HR 213	Employment Status	HR 401	Workers' Compensation and Employee Injury
HR 214	Probationary Period	HR 405	Use of Motor Vehicles
HR 215	Employee Classifications	HR 406	Utility Vehicle (Side-by-Side) Operation and Security
HR 217	Hours of Work and Pay Administration	HR 410	Drug-Free and Alcohol-Free Workplace
HR 218	Alternative Work Schedule	HR 411	Tobacco-Free Workplace
HR 219	Telecommuting	HR 412	Sexual and Other Harassment
HR 220	New Employee Orientation	HR 413	Whistleblowing
HR 221	Time and Attendance Standards	HR 419	Early Identification, Assessment, and Management of Suicide Risk
HR 222	Dress and Personal Appearance	HR 420	Sudden Death of an Employee, Patient, or Client
HR 223	Employee Identification Badges	HR 425	Security Policies and Protocols
HR 230	Performance Evaluation and Merit Increases	HR 500	Credentialing and Privileging of Licensed Independent Practitioners
HR 231	Clinical Supervision	HR 501	Policy for Teaching Activities Involving Students in the Ambulatory Health Setting
HR 232	Employee Supervision	HR 502	Publication Works & Activities

HUMAN RESOURCES POLICY MANUAL

New for October 2026: HR 232, Employee Supervision; HR 406, Utility Vehicle (Side-by-Side) Operation and Security.

Summary of Changes

The current Human Resources manual baseline reflects the October 2026 annual review, presented to the Board of Directors for approval on October 21, 2026. The review placed every Human Resources policy in the three-component Policy / Procedure / Protocol structure and added Scope, Governance, and References sections to each Board-approved Policy. The table below lists each policy and the changes beyond that restructuring.

Batch totals: 65 items — 60 revised, 2 new, 3 carried forward without change. Impact: 45 Moderate, 20 Low.

AAAHC surveys NACA on an as-needed basis, at least once every three years, rather than annually. This page logs every Board-approved change to the Human Resources policies since the last AAAHC on-site survey. Following each AAAHC on-site survey, this page is archived to QI & Compliance records and restarted.

October 2026 Annual Review — Baseline

Policy #	Policy Name	Type	Category	Impact	Summary of Change
HR 100	Human Resources Philosophy	Revision	Formatting / Governance	Low	Header approval date corrected. Policy intent unchanged.
HR 101	General Conditions of Employment	Revision	Compliance Revision	Moderate	At-will employment statement added. Personal phone and device use limited to breaks and non-patient areas. "Days" in Human Resources policies defined as calendar days unless a policy states business days. Employees' right to discuss pay and working conditions stated. CEO exceptions required by grants, contracts, or law moved here from HR 102A and documented.
HR 102	Equal Employment Opportunity	Revision	Compliance Revision	Moderate	Protected characteristics aligned with HR 412, adding tribal affiliation, pregnancy, genetic information, and veteran or military status. Indian preference tied to its federal authority, with documentation required before an offer. Annual EEO review reported to the CEO and QIC. BFOQ statement corrected to the legal standard. Exceptions clause moved to HR 101A.
HR 103	Americans with Disabilities Act	Revision	Compliance Revision	Moderate	Accommodation standard set at "undue hardship," with a five-step process and a written decision within 10 business days. Pregnancy accommodation under the Pregnant Workers Fairness Act added. Leave granted as an accommodation carries return-to-work rights.
HR 104	Immigration Law Compliance	Revision	Compliance Revision	Moderate	Policy statement corrected to identity and employment eligibility. E-Verify step added as required by Arizona law. Employees choose their own I-9 documents. Header approval date corrected.
HR 110	Professional Code of Conduct	Revision	Formatting / Cleanup	Low	Employees re-acknowledge the Code of Conduct annually during ethics training. QI & Compliance Director title updated. Policy intent unchanged.
HR 111	Conflicts of Interest	Revision	Compliance Revision	Moderate	Key clinical positions defined for annual disclosure. Statements reviewed by the HR Director; conflicts referred to the CEO, or to the Board President when the CEO is involved. Cash gifts prohibited at any amount (previously over \$50).
HR 112	Outside Employment	Revision	Formatting / Governance	Low	Policy intent unchanged.
HR 113	Chain of Command	Revision	Compliance Revision	Moderate	Procedure scope aligned to employees; students, interns, and volunteers follow their assigned supervisor. Call-off timing referred to HR 221A. Harassment, discrimination, retaliation, safety, and compliance concerns may go directly to HR or the QI & Compliance Director; concerns involving the CEO follow AG 321. Concerns about the employee's own supervisor go to the HR Director, consistent with HR 251A.
HR 120	Confidentiality and Disclosure of Information	Revision	Formatting / Cleanup	Low	Privacy Act statement limited to records kept under federal agreements. 42 CFR Part 2 protection for substance use disorder records added. Employees' right to discuss their own wages and working conditions stated. Policy intent unchanged.
HR 121	Employee Privacy Protections and Access to Personnel Files	Revision	Compliance Revision	Moderate	Outside wage disclosure requires the employee's written authorization. Subpoena notice reworded. Records map and employment record retention periods added, including grievance files.
HR 130	Electronic Communication	Revision	Compliance Revision	Moderate	AG 400 cited for media inquiries. Patient and confidential information may be entered only into NACA-approved AI tools covered by a business associate agreement.
HR 200	Selection & Hiring Process	Revision	Compliance Revision	Moderate	Selection authority stated consistently: the panel recommends, the hiring supervisor selects, and the CEO approves. Changes to selection procedures require Board approval.



HUMAN RESOURCES POLICY MANUAL

HR 201	Students, Interns, and Volunteers	Revision	Compliance Revision	Moderate	Students under 18 do not perform clinical tasks. No patient contact before orientation and background check. Fingerprint, TB, and BLS requirements cross-referenced.
HR 202	Hiring of Relatives	Revision	Compliance Revision	Moderate	Same-department placement of relatives allowed only with CEO approval and a written plan. When a relationship arises during employment, a CEO-approved plan is considered before transfer or separation; direct supervision is never permitted.
HR 210	Employment Screening and Requirements	Revision	Compliance Revision	Moderate	Exclusion screening covers SAM.gov, OIG LEIE, and AHCCCS, with monthly rescreening. Indian Child Protection and Family Violence Prevention Act character investigation added. Fair Credit Reporting Act notices and an individualized assessment required before adverse action. Fingerprint citation and good-cause wording corrected.
HR 211	Employee Immunizations and Tuberculosis Testing	Revision	Clinical Revision	Moderate	Restructured into Policy, HR 211A Procedure, and HR 211B Protocol, with clinical tuberculosis screening and immunization criteria owned by the Medical Director. Adds a Hepatitis B declination using the OSHA Bloodborne Pathogens Standard statement. Assigns exemption approvals (Medical Director for medical exemptions; HR Director for religious or spiritual exemptions), in writing within ten business days. Adds Hepatitis B requirements to contractor agreements and aligns annual tuberculosis "screening" language. Influenza vaccination language carried forward unchanged.
HR 212	Offer of Employment	Revision	Compliance Revision	Moderate	Checklist aligned to HR 210A (fingerprint) and job descriptions (BLS). Primary-source verification of required education and licenses added. I-9 documents collected separately at the employee's choice; Social Security card no longer required.
HR 213	Employment Status	Revision	Compliance Revision	Moderate	"Full-time status" renamed "Regular status." Sick leave usable from the 90th calendar day. Part-time range set at 20–29 hours. Per diem status added. Insurance eligibility referred to HR 300A.
HR 214	Probationary Period	Revision	Compliance Revision	Moderate	Regular-status wording. Automatic conversion after a missed evaluation does not apply when discipline is pending. Return option after failed promotion probation. Sick leave usable from the 90th calendar day. Probationary employees may grieve an alleged violation of federal or state law, consistent with HR 251A.
HR 215	Employee Classifications	Revision	Compliance Revision	Moderate	Full-time threshold set at 30 hours per week and part-time at 20–29 hours. Per diem classification added.
HR 217	Hours of Work and Pay Administration	Revision	Compliance Revision	Moderate	Withholding pay for late timecards removed. All overtime worked is paid. Non-exempt flextime kept within the workweek. Rest breaks of 20 minutes or less paid; meal periods unpaid only when fully relieved of duty. Pay frequency and merit effective date clarified. Salary-scale changes require Board approval.
HR 218	Alternative Work Schedule	Revision	Compliance Revision	Moderate	Approval chain stated consistently. Flexible hours corrected. Compressed and four-ten schedules defined by hours worked, with consistent holiday rules and overtime limits. "Personal time off" replaced with annual leave.
HR 219	Telecommuting	Revision	Compliance Revision	Moderate	50% telework cap moved into the Procedure. Telework performed in Arizona unless the CEO approves otherwise. Telework requested as a reasonable accommodation follows HR 103A. HIPAA safeguards referenced. Header label corrected.
HR 220	New Employee Orientation	Revision	Compliance Revision	Moderate	Orientation topics added: infection prevention, emergency and fire, incident reporting, and patient rights including advance directives. Initial competency validation and leader orientation added.
HR 221	Time and Attendance Standards	Revision	Compliance Revision	Moderate	Call-off due 30 minutes before scheduled start. Loss-of-pay sanction removed. Medical release required after three consecutive scheduled workdays. No-call rule aligned with HR 252A.
HR 222	Dress and Personal Appearance	Revision	Formatting / Cleanup	Low	Clothing message rule clarified; NACA-branded clothing welcome. Scrubs and cultural and religious attire statement added. Policy intent unchanged.
HR 223	Employee Identification Badges	Revision	Formatting / Cleanup	Low	Badge replacement fee not deducted from pay without written authorization. Policy intent unchanged.
HR 230	Performance Evaluation and Merit Increases	Revision	Compliance Revision	Moderate	Annual competency validation added. Annual evaluation cycle and merit effective date clarified. Supervisor evaluations include the HR 232 supervision standard. Merit schedule changes require Board approval.
HR 231	Clinical Supervision	Revision	Compliance Revision	Moderate	Narrowed to clinical supervision; general supervision moved to new HR 232. Licensure-supervision repayment applies only to resignation or termination for cause, is forgiven monthly over two years, and is set in a signed agreement. Supervision notes kept apart from the personnel file. Citation corrected.
HR 232	Employee Supervision	New	New Policy	Moderate	New Board policy setting minimum supervision standards (frequency, content, documentation, and monitoring) for all employees, with HR 232A Procedure and Supervision Record.



HUMAN RESOURCES POLICY MANUAL

HR 250	Disciplinary Action	Revision	Compliance Revision	Moderate	Discipline timing tied to the conclusion of investigations. Verbal warnings recorded on the Supervision Record. Unpaid suspensions of exempt employees limited to full days. Conduct items added for incident reporting and for required training, licensure, and immunizations. Weapons rule cross-referenced to HR 425A. Dismissal procedure changes require Board approval.
HR 251	Employee Grievance Procedure	Revision	Compliance Revision	Moderate	Grievance Committee advisory; the CEO's written decision is final. Ten-working-day filing deadline restored, and the formal deadline starts after the informal response. Supervisor bypass when the supervisor is the subject: the HR Director responds at the informal step, and a formal grievance goes directly to the Grievance Committee. Committee members may not be the subject of the grievance or have a conflict of interest. Employee Grievance Form added as Appendix A. Grievance log and confidential grievance file required; annual counts reported to the Quality Improvement Committee. Harassment, discrimination, and retaliation complaints routed to HR 412; CEO matters to AG 321. At-will statement added. Grievance procedure changes require Board approval.
HR 252	Employee Separation	Revision	Compliance Revision	Moderate	"With or without notice" aligned with HR 101 and HR 250. Job abandonment defined as three consecutive scheduled workdays. Resignation reason optional; notice classes defined. Arizona final-pay deadlines added. Sick leave usable during the notice period. Property deductions require written authorization. Separation provisions require Board approval to change.
HR 300	Employee Benefit Programs	Revision	Compliance Revision	Moderate	Insurance eligibility set at 30 hours per week, measured under the Affordable Care Act for variable-hour employees. 403(b) match begins after 60 days of employment. Benefit changes require Board approval.
HR 301	Annual Leave	Revision	Compliance Revision	Moderate	Part-time accrual aligned to the table. Military leave counts toward the anniversary date and benefit-year extension. Payout exception cross-referenced to HR 252A. Leave donation eligibility set at 30 hours. Leave donation processing timelines, written notices to the recipient and donors, points of contact, and proportional return of unused hours added; medical statements kept confidential. Accrual and payout changes require Board approval.
HR 302	Sick Leave	Revision	Compliance Revision	Moderate	Aligned with Arizona's earned paid sick time law: use from the 90th calendar day, minimum accrual of one hour per 30 hours worked, statutory permitted uses, nine-month rehire reinstatement, and a balance statement with each paycheck. Diagnosis documentation and incident-count discipline removed; documentation required only after three consecutive scheduled workdays. Accrual and use changes require Board approval.
HR 303	Paid Holidays	Revision	Formatting / Cleanup	Low	"Friday after Thanksgiving" corrected. Holiday changes require Board approval. Policy intent unchanged.
HR 304	Family Medical Leave Act (FMLA)	Revision	Compliance Revision	Moderate	Eligibility (12 months; 50 employees within 75 miles), notice, military family leave, and return-to-work wording corrected. Non-FMLA medical leave not subject to the HR 307A service rule; leave granted as an accommodation follows HR 103A return-to-work rights.
HR 305	Military Leave and Military Service	Revision	Compliance Revision	Moderate	USERRA citation and return deadlines aligned. Military service counts as continuous service for seniority, leave accrual rates, and the retirement plan. Reemployment documentation limited to what USERRA permits.
HR 306	Administrative Leave	Revision	Compliance Revision	Moderate	Lactation break time and private space for all nursing employees. Voting time aligned to A.R.S. 16-402. Bereavement approval may follow notice; ceremonial mourning time added. Administrative leave pending investigation is paid. Exempt salary protected during extended jury duty. "PTO" replaced. Paid-leave changes require Board approval.
HR 307	Personal Leave of Absence (Without Pay)	Revision	Compliance Revision	Moderate	One-year service requirement and 45-day standard do not apply to non-FMLA medical leave or leave granted as an accommodation. Eligibility and duration changes require Board approval.
HR 310	Mandatory Annual Employee Training	Revision	Compliance Revision	Moderate	Annual topics added: infection prevention, fire and evacuation, patient rights and advance directives, medication and pain management, and CPR/BLS. Completion tracked in the learning management system by an annual due date. HR 419A cross-referenced.
HR 311	Employee Training and Development	Revision	Formatting / Cleanup	Low	Learning system reference made vendor-neutral. Training restriction during discipline limited to optional offsite training. Policy intent unchanged.
HR 312	Staff Continuing Education in Primary Care and Behavioral Health Settings	Revision	Formatting / Cleanup	Low	Continuing education tracking assigned to HR in the learning management system. Header status corrected. Policy intent unchanged.
HR 313	Employee Travel	Revision	Compliance Revision	Moderate	Travel time counted as hours worked for non-exempt employees under federal wage-and-hour rules.
HR 314	Licensing and Certification Reimbursement	Revision	Formatting / Governance	Low	Policy intent unchanged.
HR 320	Employee Wellness Program	Carried forward	No Change	Low	Board-approved 08/19/26 (effective 08/20/26) and carried into this baseline without change.



HUMAN RESOURCES POLICY MANUAL

HR 320A	Employee Wellness Program Procedure	Revision	Compliance Revision	Low	Procedure approved 08/19/26. PAR-Q and medical clearance information kept confidential, separate from personnel records, and out of employment decisions. Injuries during paid wellness hours handled under HR 401.
HR 320B	Employee Wellness Screening Protocol	Carried forward	No Change	Low	Board-approved 08/19/26 (effective 08/20/26) and carried into this baseline without change.
Form	Wellness Center Membership Agreement	Carried forward	No Change	Low	Board-approved 08/19/26 (effective 08/20/26) and carried into this baseline without change.
HR 400	Workplace Safety and Employee Responsibility	Revision	Compliance Revision	Moderate	Safety Officer title updated. Medical Director named as the designated physician. Bloodborne pathogen exposure plan (IC 110) and incident reporting (QRM 310) cited.
HR 401	Workers' Compensation and Employee Injury	Revision	Compliance Revision	Moderate	OSHA injury and illness recordkeeping and serious-injury reporting deadlines added. Light-duty and return-to-work step added.
HR 405	Use of Motor Vehicles	Revision	Formatting / Cleanup	Low	Insurance limit wording corrected. Post-accident testing referenced to HR 410A. Policy intent unchanged.
HR 406	Utility Vehicle (Side-by-Side) Operation and Security	New	New Policy	Moderate	New Board policy setting operator and rider approval, training, safe operation, storage and security, and incident reporting requirements for NACA utility vehicles (employees only; off-road use), with HR 406A Procedure and Attachments A–D.
HR 410	Drug-Free and Alcohol-Free Workplace	Revision	Compliance Revision	Moderate	Drug-Free Workplace Act citation corrected; 10-day grant-agency conviction notice added. Medical marijuana cardholder protections and safety-sensitive positions defined under Arizona law. Alcohol standard made consistent. Testing program elements stated as required by A.R.S. 23-493.04.
HR 411	Tobacco-Free Workplace	Revision	Formatting / Cleanup	Low	Monitoring sentence clarified. Policy intent unchanged.
HR 412	Sexual and Other Harassment	Revision	Compliance Revision	Moderate	Protected list aligned with HR 102. HR-led investigation with a 30-day target and interim measures. Employees may report to any listed contact without going to their supervisor first. Harassment by patients, vendors, and contractors addressed. Complaints involving the CEO handled under AG 321.
HR 413	Whistleblowing	Revision	Compliance Revision	Moderate	Reports go to the QI & Compliance Director or HR Director, or anonymously in writing. Alternate investigator named for conflicts. Complaints involving the CEO handled through the Board President under AG 321. Whistleblower rights notice given at orientation.
HR 419	Early Identification, Assessment, and Management of Suicide Risk	Revision	Clinical Revision	Low	Board-approved revision of 05/20/26 carried forward. 911 and 988 crisis route added. Policy intent unchanged.
HR 420	Sudden Death of Employee, Patient, or Client	Revision	Formatting / Cleanup	Low	Patient deaths linked to QRM 320; patient privacy reminder added. Policy intent unchanged.
HR 425	Security Policies and Protocols	Revision	Compliance Revision	Moderate	Workplace violence and aggression procedure added for all NACA sites. Weapons rule stated, consistent with A.R.S. 12-781. Title updated; header approval and effective dates restored.
HR 500	Credentialing and Privileging of Licensed Independent Practitioners	Revision	Clinical Revision	Moderate	Primary-source verification, DEA, and exclusion checks added. Peer review (QRM 500) included in competence review. Appointment-extension wording and typos corrected.
HR 501	Policy for Teaching Activities Involving Students in the Ambulatory Health Setting	Revision	Formatting / Governance	Low	Header status corrected. Policy intent unchanged.
HR 502	Publication Works & Activities	Revision	Formatting / Cleanup	Low	Organization name corrected. Data and community review step added. Policy intent unchanged.

Impact Legend: Low = structural or administrative change, or form update; Moderate = substantive operational or risk-control change.

Category Legend: Formatting / Governance = three-component structure, Scope, Governance, and References only; Formatting / Cleanup = minor wording, title, citation, or cross-reference corrections; policy intent unchanged; Compliance Revision = content change to meet a federal or state law, accreditation standard, or internal consistency requirement; Clinical Revision = change to clinical criteria or clinical oversight content; New Policy = policy not previously in the manual; No Change = board-approved earlier in 2026 and carried into this baseline without change.

Changes Approved Since October 21, 2026

Policy #	Policy Name	Type	Impact	Summary of Change
No out-of-cycle changes have been approved since the October 21, 2026 baseline.				



POLICY: HR 100	(X) Revision () New	Original Issue Date: 12/11/13 Revised Date: 03/24/14; 3/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Human Resources Philosophy	Author: Human Resources	Approval Date: 07/19/17; 12/13/2012/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. POLICY:** The policy of *Native Americans for Community Action, Inc.* (NACA) is to foster fundamental principles to guide the agency Human Resources philosophy. Those employed by NACA should understand these principles and goals and follow them in their daily work.
- A. NACA is committed to ensuring all employees, regardless of their position or level, are treated with dignity. NACA will cultivate an atmosphere in which mutual respect is given and shared among all members of the community.
 - B. NACA is committed to clear and open communication with its employees. Employees will have access to non-confidential information about the organization and its policies and practices. NACA will inform employees regarding policies, practices and expectations for performance and behavior.
 - C. NACA is committed to the equitable treatment of all employees. Equity, or fairness, does not necessarily mean all employees are treated the same. Equity recognizes a common set of shared values and emphasizes HR policies will be applied in an evenhanded and unbiased manner to all employees.
 - D. NACA is committed to developing and retaining its employees. NACA recognizes its most important asset is its human resources. Thus, employee development will include appropriate training, professional development, promotion or transfer, and other opportunities for growth in accordance with employee ability and agency need.
 - E. NACA is committed to providing a safe, drug-and alcohol-free work environment in which employees can effectively pursue their work.
 - F. NACA is committed to providing employees with the professional quality of supervision and management they need to succeed in their jobs. The quality of human resources at NACA is primarily a function of the relationship between the supervisor and the employee. Thus, the supervisor must assume the major responsibility for the hiring, retention, development and recognition of staff. Supervisory performance evaluation will reflect the quality of their management.
 - G. NACA is committed to recognizing the achievements of its employees.
 - H. NACA expects its employees to perform all duties associated with their positions with integrity and competence.



II. PURPOSE: To establish guiding principles for HR at NACA.

III. SCOPE: This policy applies to all persons employed by NACA.

IV. PRINCIPLES: None.

V. GOVERNANCE: The Board of Directors approves this policy. The Human Resources Director administers this policy. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.

VI. REFERENCES: AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140; HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies.



POLICY: HR 101	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
General Conditions of Employment	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to ensure all employees are aware of the general rules pertaining to the rights and responsibilities of all NACA employees. Employment with NACA is at will: either NACA or the employee may end the employment relationship at any time, with or without cause and with or without notice, subject to applicable law.
- II. **PURPOSE:** To establish general rules of the NACA workplace which apply to all employees of NACA.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 101A, General Conditions of Employment Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 101A, General Conditions of Employment Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140, ADM.140.10, ADM.140.30; HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies; National Labor Relations Act, 29 U.S.C. 157.



POLICY: HR 101A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
General Conditions of Employment Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 101A — GENERAL CONDITIONS OF EMPLOYMENT PROCEDURE

- A. NACA offers to its employees work conditions, wages, and benefits which are competitive with those offered by other employers in the area and industry. If employees have concerns about NACA, they are strongly encouraged to voice these concerns openly and directly to their supervisors. Employees, however, cannot appeal decisions related to NACA's responsibility to determine corporate direction, strategy or operating decisions, such as the number and assignment of employees, establishment of rules of conduct, determination of the hours and days of work, starting and quitting times, wages and benefits.
- B. **Work Behavior:** NACA expects employees to use good judgment to maintain a satisfactory employee/employer relationship. This includes, but is not limited to:
- Acting professionally at all times;
 - Dressing appropriately for the work environment and the employee's position;
 - Complying with all NACA policies and procedures;
 - Maintaining the confidentiality of NACA business records and information. In addition, all passwords and restricted access to NACA computer systems must be protected;
 - Ensuring the work of NACA is not disrupted by the presence of persons not employed by NACA (i.e., relatives, children or friends);
 - ~~Prohibiting personal telephone calls on NACA telephones including personal cellular phones, either made or received. Telephone calls must be brief and should not interrupt with the employee's work, except for emergency situations;~~ Limiting personal telephone calls and personal device use to breaks and non-patient areas, except for brief emergency calls; personal devices are not used in patient-care areas;
 - Ensuring personal use of NACA Internet is infrequent and does not interfere with work operations;
 - Ensuring the workplace is free from violence and harassment of any form;
 - Restricting animals in the workplace to those essential for assisting employees with disabilities;
 - It is understood minimal use of NACA equipment such as telephones, facsimile machine, Internet, copiers/printers or related services (such as email) for personal communication will occasionally take place and is allowable as long as it is infrequent, generally occurs outside of regular work hours or during breaks, does not interfere with NACA operations, and does not involve unlawful or inappropriate activity or behavior in the workplace.
 - NACA equipment or property, or that of other employees, may not be removed from the workplace without permission of the supervisor who manages the department budget, and such property must be returned along with the employee's keys, identification card, laptop, tablets, PDA, NACA-issued credit or purchasing card, cell phone/hotspots (if applicable), and any other NACA property prior to separation from employment.



- Unless a policy states business days or workdays, "days" in Human Resources policies means calendar days. "Business days" means Monday through Friday, excluding NACA holidays; "scheduled workdays" means the days an employee is scheduled to work.
- Nothing in NACA's Human Resources policies is interpreted or applied to prevent employees from discussing or sharing information about their wages, hours, benefits, or other terms and conditions of employment, or from otherwise exercising their rights under Section 7 of the National Labor Relations Act.
- Exceptions: When a federal, state, or tribal grant, contract, or law requires a different practice, the CEO, or designee, may approve a written exception to a Human Resources procedure. Exceptions must be consistent with law and with the Board-approved Policy, are documented, and are reported to the QI & Compliance Director.



POLICY: HR 102	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Equal Employment Opportunity	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to comply with state and federal laws stating employment should be determined without regard to an applicant's or employee's ~~race, color, religion~~ race, color, tribal affiliation, religion, sex, national origin, sexual orientation, gender identity, disability, age, or any other disability, age, pregnancy, genetic information, veteran or military status, or any other characteristic protected by law. In addition to a commitment to provide equal employment opportunity to all qualified individuals, ~~NACA abides by the Indian Preference Law in filling positions.~~ NACA gives Indian preference in filling positions, as permitted by federal law, including Section 703(i) of Title VII of the Civil Rights Act (42 U.S.C. 2000e-2(i)).
- II. **PURPOSE:** To comply with all federal, state and local laws pertaining to equal employment opportunity and Indian preference.
- III. **SCOPE:** This policy applies to all NACA applicants and employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 102A, Equal Employment Opportunity Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 102A, Equal Employment Opportunity Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.40; HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (equal opportunity practices); Title VII of the Civil Rights Act of 1964, 42 U.S.C. 2000e et seq., including 2000e-2(e) (BFOQ) and 2000e-2(i) (Indian preference); Genetic Information Nondiscrimination Act, 42 U.S.C. 2000ff; Pregnant Workers Fairness Act, 42 U.S.C. 2000gg.



POLICY: HR 102A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Equal Employment Opportunity Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 102A — EQUAL EMPLOYMENT OPPORTUNITY PROCEDURE

- A. Responsibility for the EEO policy shall be assigned to HR and shall be responsible for developing, implementing, coordinating, and monitoring the program in collaboration with the Compliance Department.
 - B. The EEO program shall consist of collecting and analyzing employment data, identifying areas of deficiency, and developing plans to overcome any identified deficiencies. HR completes this review annually and reports a summary to the CEO and the Quality Improvement Committee.
 - C. NACA shall strive to improve employment opportunities for Native Americans, women and other minorities.
 - D. Appropriate record-keeping and reporting shall be established and maintained to ensure compliance with legal requirements.
 - E. ~~The Indian Preference Law shall apply~~ Indian preference (HR 102) applies to filling positions when qualified Native Americans meet job requirements. NACA is an organization founded on the belief to function for the greater benefit of the largest possible number of Native Americans. Special consideration may be given to the appointment and/or promotion of Native Americans when such individuals meet the minimum qualifications for the positions. Applicants may self-identify on the employment application, and preference is applied among applicants who meet the minimum qualifications. Applicants who claim preference provide documentation of enrollment or descent in a federally recognized tribe (such as a tribal enrollment card, a Certificate of Degree of Indian Blood, or a tribal letter) before an offer is made. HR applies preference the same way to every applicant and documents it in the recruitment file.
 - F. NACA does not discriminate against any individual, ~~male or female~~ on the basis of sex, sexual orientation, gender identity, or any other characteristic protected under HR 102, in any employment decision. ~~Bona Fide Occupational Qualification (BFOQ) is the only exception when use of sex may be used as a factor in an employment decision. The BFOQ exception recognizes a person's sex may have a determining factor in carrying out a particular job function. Business necessity is a justifiable, business-related need for an employer to discriminate knowingly as a result of the unique nature~~ The only exception is a bona fide occupational qualification (BFOQ): sex, religion, national origin, or age may be considered only when it is reasonably necessary to the normal operation of a particular position, as narrowly permitted by law (42 U.S.C. 2000e-2(e)). Race and color are never a BFOQ. HR approves any BFOQ in writing before it is used.
- ~~of the business, which would otherwise be adversely affected.~~ Each job will be examined on a case-by-case basis and no blanket assessment will be made.



- G. NACA does not discriminate against employees who have a life-threatening illness (i.e. cancer, AIDS, cardiopulmonary diseases, etc.).
- H. ~~In order to comply with Local, State and Federal regulations governing NACA grants, contracts or projects, exceptions to policies and procedures may be made as deemed necessary by the CEO, or designee.~~ Exceptions to Human Resources procedures required by grants, contracts, or law are handled under HR 101A.



POLICY: HR 103	(X) Revision () New	Original Issue Date: 12/10/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Americans with Disabilities Act	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to maintain compliance with the Americans with Disabilities Act (ADA) and other local, state and federal laws pertaining to the employment of qualified persons with disabilities. Reasonable accommodation is available to all employees with a disability in those situations where the disability affects the performance of the essential job function. NACA also provides reasonable accommodation for known limitations related to pregnancy, childbirth, or related medical conditions under the Pregnant Workers Fairness Act (42 U.S.C. 2000gg), unless the accommodation would cause undue hardship.
- II. **PURPOSE:** To assure employment practices and activities, as they pertain to persons with disabilities, are conducted in a nondiscriminatory way.
- III. **SCOPE:** This policy applies to all NACA applicants and employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 103A, Americans with Disabilities Act Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 103A, Americans with Disabilities Act Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.40; Americans with Disabilities Act, Title I, 42 U.S.C. 12111 et seq.; ADA Amendments Act of 2008; Pregnant Workers Fairness Act, 42 U.S.C. 2000gg; 29 CFR Part 1636.



POLICY: HR 103A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Americans with Disabilities Act Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 103A — AMERICANS WITH DISABILITIES ACT PROCEDURE

- A. The HR and Compliance Departments are responsible for compliance with the ADA.
- B. In making employment decisions NACA supervisors are prohibited from discriminating against an individual on the basis of:
 - A physical or mental impairment substantially limiting a major life activity, taking into account any measures taken, both positive and negative, by the individual to mitigate or correct the limitation, or
 - A record of such impairment, or
 - On the basis of being regarded as having such an impairment.
 - *Note: The above three (3) conditions apply only if such individuals are qualified for the position and can perform the essential functions of a job, without imposing an undue hardship on the organization, with or without all reasonable accommodations.*
- C. Job Descriptions shall be reviewed, at a minimum, every two (2) years to ensure essential functions, applicable skills, education and experience requirements, and any other special requirements of each job description are clearly stated.
- D. The HR shall ensure application forms and other hiring procedures (i.e. interview guides) do not contain non-job-related questions regarding disabilities.
- E. Those involved in hiring shall evaluate carefully, with HR assistance, whether a disabled person can or cannot perform a particular job function.
- F. The HR shall ensure all hiring supervisors are able to articulate and document legitimate, nondiscriminatory and credible facts on which any employment decision is based, including available accommodations considered and the specific reasons for employer rejection.
- G. The HR in conjunction with the hiring supervisor, ~~shall make available longer training periods and more frequent performance reviews for protected individuals needing reasonable accommodations~~ may offer longer training periods or more frequent check-ins as a reasonable accommodation when an employee requests one. All hiring supervisors shall be educated about what “reasonable accommodations” means.
- H. Should an employee request “reasonable accommodation”, NACA will take those actions necessary to enable an otherwise qualified person with employment. Such reasonable accommodation must be ~~readily achievable and without undue difficulty or expense to NACA~~ provided without undue hardship to NACA. NACA will review the request and need on a case-by-case basis.



- I. Accommodation process: (1) the employee or applicant requests an accommodation from HR, orally or in writing; (2) HR and the employee discuss the limitation and possible accommodations; (3) HR may request medical documentation limited to the need for accommodation, kept in the confidential medical file; (4) HR issues a written decision within ten (10) business days of receiving the needed information; and (5) the employee may ask the CEO, or designee, to review a denial. Leave may be an accommodation (HR 307A). Leave granted as an accommodation is approved for the length determined in this process, and the employee returns to the same position unless holding it open would cause undue hardship; in that case HR considers reassignment to a vacant equivalent position for which the employee is qualified.
- J. Pregnancy-related accommodations follow the same process. HR does not require medical documentation for simple, common accommodations such as carrying water, extra restroom breaks, sitting or standing as needed, and breaks to eat and drink, and does not require an employee to take leave when another reasonable accommodation can be provided (42 U.S.C. 2000gg; 29 CFR Part 1636). No employee is penalized for requesting or using an accommodation.
- K. NACA's CEO, or designee, will serve as the Civil Rights/ADA Coordinator.



POLICY: HR 104	(X) Revision () New	Original Issue Date: 12/23/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Immigration Law Compliance	Author: Human Resources	Approval Date: 07/19/17; 12/31/21 12/31/20 ; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to verify ~~the identity of employment of individual hire to work in the United States~~ **the identity and employment eligibility of every individual hired to work in the United States**. NACA complies with laws banning discrimination on the basis of citizenship or national origin. This policy applies to full-time, part-time, temporary, and contract employees.
- II. **PURPOSE:** To ensure compliance with the Immigration Reform and Control Act (IRCA) and other immigration laws and policies of the United States.
- III. **SCOPE:** This policy applies to full-time, part-time, temporary, and contract employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 104A, Immigration Law Compliance Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 104A, Immigration Law Compliance Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.60; IHS/UIO On-Site Review Manual, Human Resources Requirements (verification of eligibility for employment, I-9 and visas); 8 U.S.C. 1324a; 8 U.S.C. 1324b; 8 CFR 274a.2; A.R.S. 23-214 (E-Verify).



POLICY: HR 104A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Immigration Law Compliance Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 104A — IMMIGRATION LAW COMPLIANCE PROCEDURE

- A. The HR is responsible for ensuring compliance with IRCA.
- B. All new employees will complete the I-9 Form to verify acceptable documentation establishing identity and employment eligibility within the first three (3) working days. An HR employee must witness and verify documents presented. The employee chooses which documents to present from the Form I-9 Lists of Acceptable Documents. HR does not ask for specific documents or more documents than the Form I-9 requires, and accepts documents that reasonably appear to be genuine (8 U.S.C. 1324b(a)(6)).
- C. HR confirms employment eligibility for each new hire through E-Verify as required by Arizona law.
- D. Former employees who are re-hired must also complete the I-9 form if they have not completed one with NACA within the past three (3) years or if their previous I-9 form is no longer on file or is invalid.
- E. The HR will maintain I-9 Forms, ensuring no potential for discrimination exists in the hiring procedures or job descriptions, and complying with regulations related to the hiring of foreign nationals.
- F. I-9 Forms will be kept in secure files for three (3) years after the individual is hired or one (1) year after the person is terminated, whichever is later.



POLICY: HR 110	(X) Revision () New	Original Issue Date: 10/26/12 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Professional Code of Conduct	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is for all employees, contractors, Board of Directors, volunteer, student, intern, and all other persons affiliated with NACA to adhere to the Code of Professional Conduct (Code). NACA shall take prompt, appropriate, and consistent action against any violations of this Code, up to and including termination of employment and/or contract.
- II. **PURPOSE:** To promote professional, responsible, positive, honest, and ethical behavior, including handling actual or perceived conflicts of interest.
- III. **SCOPE:** This policy applies to all employees, contractors, Board of Directors members, volunteers, students, interns, and all other persons affiliated with NACA.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 110A, Professional Code of Conduct Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 110A, Professional Code of Conduct Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; IHS/UIO On-Site Review Manual, Human Resources Requirements (ethical and legal professional practice).



POLICY: HR 110A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Professional Code of Conduct Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 110A — PROFESSIONAL CODE OF CONDUCT PROCEDURE

- A. Prior to beginning employment or service to NACA whether as an employee, contractor, Board of Director, volunteer, student, or intern, the Professional Code of Conduct form shall be reviewed and signed available at HR. The signed copy shall be filed in the personnel or contract file.
- B. It is the responsibility of the individual to comply with applicable laws, rules, regulations, and NACA Policies & Procedures. NACA will provide an annual Ethics training for all affiliated with NACA and submit the certificate to be on file at HR. **Employees re-acknowledge the Professional Code of Conduct annually as part of this training.**
- C. Individuals who are aware of suspected violation of this Code including misconduct, illegal activities, fraud, waste, or abuse of NACA's property, resources, or assets have an obligation to report the violation, and are expected to do so within 24 hours of awareness. A report may be made orally or in writing and, if preferred, anonymously. One may address one's concerns in this order to:
 - their immediate supervisor; or
 - the HR Director; or
 - ~~the Quality Director/Compliance Officer~~ **QI & Compliance Director**; or
 - Chief Executive Officer; or
 - an applicable regulatory agency.
- D. NACA prohibits any employee or supervisor from retaliating or taking adverse action against anyone for reporting suspected Code violations or helping to resolve a concern related to this Code. Any individual found to retaliate against a fellow employee or affiliate for reporting, in good faith, a conduct concern, or for participating in the investigation of such a concern, is subject to disciplinary action, up to and including termination of employment or contract.
- E. If an individual believes he or she has been subjected to retaliation, that person is encouraged to report the situation immediately using the same procedures for reporting other violations described above.



POLICY: HR 111	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Conflicts of Interest	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is all decisions and actions taken by NACA employees in conducting NACA business shall be made in a manner promoting the best interests of the company. Both management officials and employees of NACA have an obligation to address both the substance and the appearance of conflicts of interest and, if they arise, to disclose them to the appropriate company representatives. NACA employees may not use their position for purposes that are, or appear to be, motivated by a desire for personal gain for themselves or others.
- II. **PURPOSE:** To foster the highest moral and ethical standards regarding employee conduct in dealing with the patients, clients, vendors, and suppliers of NACA.
- III. **SCOPE:** This policy applies to all NACA employees, including management officials, and to those affiliated with NACA as Board members and contractors.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 111A, Conflicts of Interest Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 111A, Conflicts of Interest Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 13 (Conflict of Interest); 2 CFR 200.318(c); AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.40.



POLICY: HR 111A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Conflicts of Interest Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 111A — CONFLICTS OF INTEREST PROCEDURE

- A. A **conflict of interest** may take many forms but arises when a NACA employee might be able to use the authority of his or her position a) to influence NACA’s business decisions in ways to give improper advantage or financial benefit to oneself, a family member, or associate or b) to obtain for oneself, a family member, or an associate a financial benefit beyond the compensation he or she is authorized to receive for performing his or her NACA responsibilities. All directors, supervisors, key clinical positions (the Medical Director, Behavioral Health Director, and licensed independent practitioners), and those affiliated with NACA as board, and contractor must complete and sign the Conflict of Interest Acknowledgement and Disclosure Statement annually. HR collects the statements and the HR Director reviews them; a disclosed conflict is referred to the CEO, or to the Board President when it involves the CEO.
- B. The following principles provide guidance for avoiding conflicts of interest and definitions relevant to the disclosure of conflicts:
- Personal Relationships in the Workplace: No NACA employee may participate in decisions involving a direct benefit (e.g., initial employment, salary, work assignments, performance evaluations, etc.) to family members.
 - Business Decisions: NACA employees must not make or influence business decisions, including executing purchasing agreements or other types of contracts, from which they, a family member, or an associate may personally benefit. NACA employees who stand to gain from a particular contract must identify the situation to their supervisors.
 - Use of NACA’s Resources and Name: The use of company resources (e.g., telephones, fax and copy machines, internal mail distribution, computing equipment and time, staff, office and classroom space, supplies, vehicles, postage, etc.) which results in personal and/or financial gain to an employee, a family member, or an associate represents a conflict. The use of the NACA’s name and seal by employees other than in the context of their responsibilities and duties for NACA is prohibited.
 - Gifts and Gratuities: NACA employees are prohibited from soliciting personal gifts and favors from a patient, client, vendor, contractor, or subordinate. Accepting gifts is also prohibited in most circumstances. Gifts of promotional items without significant value and are routinely distributed by vendors to clients may be accepted and shared with all NACA employees. Gratuities and gifts of cash or cash equivalents ~~that are over \$50.00 may not be accepted at any time~~ may not be accepted at any time, regardless of amount.
 - Significant Financial Interests: Employees must disclose their significant financial interests in any entity they know to have business, directly or indirectly, with NACA. Employees may not use their position with NACA for any commercial purpose, political activity, or any work in competition with the goals and/or objectives of NACA.
 - Perceived Conflicts of Interest: In addition to refraining from prohibited activities, employees



must disclose any activity, relationship, or interest that is, or may be perceived to be, a conflict of interest to their supervisor so these activities, relationships, and interests can be managed properly.

- Legal Requirements: Employees must not do anything, in the conduct of business which violates any local, state or federal law.

POLICY: HR 112	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Outside Employment	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of the NACA is to allow its employees to hold second jobs, subject to certain restrictions outlined in the following procedures. Under all circumstances of full-time employment, NACA is considered the employee's primary employer.
- II. **PURPOSE:** To ensure employees understand to perform in their job duties at NACA during working hours, and to minimize conflicts of interest.
- III. **SCOPE:** This policy applies to all NACA employees who hold or seek outside employment.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 112A, Outside Employment Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 112A, Outside Employment Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; HR 111, Conflicts of Interest.



POLICY: HR 112A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Outside Employment Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 112A — OUTSIDE EMPLOYMENT PROCEDURE

- A. Employees must inform their immediate supervisor in writing about their interest in outside employment prior to accepting any position for such work. The request is reviewed by the employee's immediate supervisor, who determines its appropriateness after a discussion with the employee. The supervisor forwards the request to the HR. All requests for outside employment require CEO approval.
- B. Employees are responsible for notifying their supervisor of any changes in their outside employment status.
- C. In considering outside employment, the following standards are used:
 - Will the outside employment in any way reduce the employee's productivity?
 - Does the outside employer do business with NACA?
 - Is the outside employer a competitor in the same industry as NACA?
 - Will the nature of the outside employment adversely affect NACA's image?
- D. Outside employment is not considered an excuse for poor job performance, absenteeism, tardiness, or refusal to work overtime. Should outside employment cause or contribute to any of these conditions, the employee is expected to discontinue the outside employment or resign from NACA.
- E. Violation of this policy may result in disciplinary action, up to and including, termination.



POLICY: HR 113	(X) Revision () New	Original Issue Date: 02/01/21 Revised Date: 09/01/23; 09/22/26 Approved by: Board of Directors
Chain of Command	Author: Human Resources	Approval Date: 04/21/21; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/22/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide all employees with an effective system of communication through the chain of command as set in this policy. The chain of command is the level of authority for communicating and reporting within the organizational structure.
- II. **PURPOSE:** To provide an understanding of employees to adhere to the established chain of command when performing their assigned duties.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 113A, Chain of Command Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 113A, Chain of Command Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; GOV.250.



POLICY: HR 113A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Chain of Command Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 113A — CHAIN OF COMMAND PROCEDURE

- A. ~~This policy shall apply to all employees, volunteer, student, intern, and any others who provide and conduct business with NACA.~~ This procedure applies to all NACA employees. Students, interns, and volunteers follow the chain of command of their assigned supervisor (HR 201).
- B. Supervisor will communicate the clear line of communication with all new hire and the staff during quarterly staff meetings.
- C. When a delegation of authority is needed due to supervisor's absence from duty or is otherwise unable to carry out their duties and responsibilities, the next level of authority shall appoint a designee with approval by the HR Director and/or CEO.
- D. Employees must contact the immediate supervisor when unable to report for work, through phone call, text, or email in that order and not a co-worker to relay the message. Call-off timing is set out in HR 221A. If there is an emergency, the employee can proceed to the next level of authority such as the Director or CEO.
- E. Staff must adhere to the chain of command for reporting purposes, to work and attempt to resolve work related issues at the lowest practical level with the immediate supervisor unless it is determined in the best interest of both parties to proceed to the next level of authority to resolve the work-related issue.
- F. If an employee feels that their direct supervisor is not approachable for reporting the situation, then the employee will direct their concern to the HR Director for resolution and follow through.
- G. If an employee has any concern regarding behavior or other work-related matter with another co-worker, the employee ~~must report the concern directly to the immediate supervisor~~ should ordinarily report the concern to the immediate supervisor. Should the concern be related to the employee's supervisor, the employee ~~should report the concern to the next line of authority pursuant to the chain of command within the organization.~~ reports the concern to the HR Director as provided in Section F above. A grievance about the supervisor follows HR 251A, Employee Grievance Procedure.
- H. Concerns about harassment, discrimination, retaliation, safety, or compliance may be reported directly to the HR Director, the QI & Compliance Director, or any other route in HR 412 or HR 413 at any time; the chain of command does not apply to those reports. Concerns involving the CEO are handled under AG 321, Responding to Allegations Made Against the CEO.



POLICY: HR 120	(X) Revision () New	Original Issue Date: 01/21/14 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Confidentiality and Disclosure of Information	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to respect the privacy and confidentiality of its employees, patients and clients. NACA expects employees to comply with local, state, and federal laws regarding confidentiality and company policy regarding nondisclosure of information obtained during an employee's course of employment with NACA.
- II. **PURPOSE:** To establish procedures for the protection and nondisclosure of confidential company information including, but not limited to the following: protected health information of patients or clients, personal information of patients or clients, employee personal information, financial information, company marketing strategies, new program development, projects and other confidential information (i.e., incident reports, complaints/grievances, investigations, etc.).
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 120A, Confidentiality and Disclosure of Information Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 120A, Confidentiality and Disclosure of Information Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.160.30; HIPAA Privacy Rule, 45 CFR 164.530(b)-(c); 42 CFR Part 2.



POLICY: HR 120A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Confidentiality and Disclosure of Information Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 120A — CONFIDENTIALITY AND DISCLOSURE OF INFORMATION PROCEDURE

- A. NACA respects clients/patient's or employees' rights to privacy and dignity concerning their medical conditions. This policy applies to the collection, maintenance and dissemination of any records. In addition to written information, the following personal information should be considered confidential and kept as such: (1) person to person verbal conversation; (2) telephone conversation; (3) facsimile (FAX) information; and (4) computer information. All employees shall maintain confidentiality of protected health information or sensitive personal information, such as employment, medical and health records. This policy does not restrict employees from discussing their own wages, hours, or working conditions (HR 101A).
- B. Records of substance use disorder treatment are also protected under 42 CFR Part 2 and are disclosed only as permitted under NACA's HIPAA and Behavioral Health privacy policies.
- C. NACA shall comply with the Fair Credit Reporting Act (FCRA) and the Health Insurance Portability and Accountability Act (HIPAA). Failure to adhere to this policy is grounds for disciplinary action up to, and including, termination of employment.
- D. NACA retains ownership of all administrative information created or modified by employees as part of their job functions. Access to information is granted to employees based on the need to use specific data, as defined by the job duties and subject to appropriate approval. This access cannot be shared, transferred or delegated. NACA employees are expected to safeguard the accuracy and confidentiality of administrative information and to ensure this information is protected from unauthorized access, use, or destruction.
- E. Access to confidential information is restricted to those who have a need to know or use the information data, as defined by job duties and subject to appropriate approval. Anyone who receives confidential information has a responsibility to maintain and safeguard this information and to use it with consideration and ethical regard for others. Circumventing or attempting to circumvent restrictions on the use and dissemination of confidential information is considered a serious offense and is subject to disciplinary action up to, and including, termination of employment.
- F. Anyone conducting business with NACA shall be held responsible for any breach of confidentiality. NACA receives federal funding and is expected to abide by the Federal Privacy Act of 1974, to the extent it applies to records NACA maintains under federal agreements. The Privacy Act applies to records that: (1) contain information on individuals and (2) are filed by use of the person's name or some other personal identification such as a social security number. NACA shall provide annual training to each employee and each employee will sign an acknowledgement form showing they understand the confidentiality, HIPAA, and the



Privacy Act.

- G. All NACA employees shall sign a Confidentiality Agreement and Acknowledgement available at HR as a condition of employment. Employees who improperly use or disclose confidential business, credit, or protected health information regarding patients or clients shall be subject to disciplinary action up to, and including, termination of employment as well as legal action, even if the employee does not benefit from the disclosed information.
- H. NACA's computer and information system is a shared resource. Access to the network is conditioned upon strict compliance with rules and regulations established by the company. No user of the network is permitted to invade the files of another without that user's consent or to use the network to engage in any illegal or unethical activity.



POLICY: HR 121	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Privacy Protections and Access to Personnel Files	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is all employment records/personnel files are the property of NACA. All records will be maintained securely and confidentially except as necessary for the business needs of NACA and as disclosure may be required by law. Employees are granted access to their official personnel files in accordance with applicable laws.
- II. **PURPOSE:** To establish procedures for review and disclosure of NACA employment records/personnel files.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 121A, Employee Privacy Protections and Access to Personnel Files Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 121A, Employee Privacy Protections and Access to Personnel Files Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140 (Guidance: personnel file contents); IHS/UIO On-Site Review Manual, Human Resources Requirements (Appendix F, Human Resource File Review).



POLICY: HR 121A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Privacy Protections and Access to Personnel Files Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 121A — EMPLOYEE PRIVACY PROTECTIONS AND ACCESS TO PERSONNEL FILES PROCEDURE

- A. Individuals outside of NACA will not be permitted to view an employee's personnel file unless a written release has been provided by the employee except when access is required by law or an on-site review and/or audit.
- B. Employees may review their personnel files during business hours by requesting in writing an appointment with HR. Twenty-four (24) hours prior notice shall be required for employees to view their personnel files, unless an emergency situation warrants less notice.
- C. Employees may request relevant documents be added to their personnel files. Such documents may include letters of reference, certificates of achievement and copies of educational documents reflecting career/personal achievements. Requests to add or remove documents from a personnel file should be submitted to the HR.
- D. Employees must report any changes with their address, telephone number, name and other related personnel information to the HR within five (5) days.
- E. If employees are being considered for another position within NACA, the supervisor of the new position shall, upon request, be given access to relevant information about the employee's past performance record at NACA.
- F. All reference requests from current or previous employees shall be submitted to the HR. NACA does not disclose confidential employment information concerning a current or previous employee to outside parties without the prior written approval of the employee. Responses to such inquiries will confirm only ~~dates of employment, wage rates, and position(s) held.~~ **dates of employment and position(s) held. Wage information is released only with the employee's written authorization.**
- G. NACA does not release employee medical information without the employee's written approval, except pursuant to the provider's benefit program. NACA maintains health information in a separate file.
- H. NACA complies with all legal requests for employee data. If NACA is subpoenaed, the employee shall be notified ~~and given the opportunity to have the subpoena nullified before releasing the requested information~~ **before NACA responds, where permitted by law, so the employee may seek legal advice.**
- I. **Records map: employment records are kept by type in separate files — the personnel file (HR); the confidential medical file, including accommodation and leave medical documentation (HR, restricted access); the Employee Immunization File (Medical Records, per HR 211A); I-9 forms**



(HR, separate secure file); Supervision Records (kept by the supervisor per HR 232A and transferred to HR at separation or reassignment); and grievance files (HR, restricted access, per HR 251A). MR 480 governs patient records only. Employment records are kept for at least the periods below, and longer when a grant, audit, charge, lawsuit, or legal hold requires: personnel file, confidential medical file, and grievance files, six (6) years after separation; payroll, timekeeping, and sick leave records, four (4) years (A.R.S. 23-364; 29 CFR Part 516); FMLA records, three (3) years (29 CFR 825.500); applications and records of applicants not hired, one (1) year after the hiring decision (29 CFR 1602.14); I-9 forms, as set out in HR 104A; the Employee Immunization File and other employee exposure and medical records, the length of employment plus thirty (30) years (29 CFR 1910.1020; 29 CFR 1910.1030(h)); bloodborne pathogens training records, three (3) years (29 CFR 1910.1030(h)(2)); OSHA injury and illness records, five (5) years after the end of the year they cover (29 CFR 1904.33); and records supporting federal awards, at least three (3) years after the final expenditure report (2 CFR 200.334). At the end of the period, records are destroyed securely unless a hold applies.



POLICY: HR 130	(X) Revision () New	Original Issue Date: 03/03/14 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Electronic Communication	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide employees and affiliates (i.e. students, volunteers, interns, independent contractors, and Board members) access to and use of electronic communication systems including, but not limited to, telephones, voice mail, facsimile machines, e-mail, cellular telephones, desktop and laptop PCs, and personal digital assistants (PDAs include Smartphones, iPad, and other devices that connect to the Internet), and the Internet to conduct NACA-related business.
- II. **PURPOSE:** To ensure electronic communication systems are used by employees and affiliates in a manner consistent with federal and state law and other regulations regarding employee, patient, and client privacy, while promoting the services provided by the agency.
- III. **SCOPE:** This policy applies to all NACA employees and affiliates, including students, volunteers, interns, independent contractors, and Board members.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 130A, Electronic Communication Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 130A, Electronic Communication Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.160.40; ADM.200; HIPAA Security Rule, 45 CFR Part 164, Subpart C.



POLICY: HR 130A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Electronic Communication Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 130A — ELECTRONIC COMMUNICATION PROCEDURE

- A. Electronic communication system access shall be provided to employees and affiliates deemed to have an ongoing, daily need for such access. This access shall be granted based upon job description, NACA affiliation, and at the discretion of the supervisor.
- B. Unethical or improper use of the electronic communication systems access may result in disciplinary action which may range from removal of access privileges to termination of employment or affiliation.
- C. Employees and affiliates requesting use of electronic communication systems access shall sign the Electronic Communication Agreement (see HR) prior to access granted. The employee's supervisor shall complete an IT Systems Security/Access Form (see HR) requesting access to those electronic communication systems necessary for job duties or affiliation functions. These documents shall be kept in the personnel or affiliate file in the HR.
- D. Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees shall refer these inquiries to authorized NACA spokesperson (see **AG 400**, Marketing, Advertising, and Media Releases policy). All press and media releases need to be approved by the Marketing/Public Relations Officer or CEO.
- E. Employees and affiliates shall get appropriate permission before referring to or posting images of current or former employees, patients, clients, vendors or affiliates. Additionally, employees shall get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.
- F. If an employee or affiliate encounters a situation while using social media, that threatens to become antagonistic, they shall disengage from the dialogue in a polite manner and seek the advice of a supervisor.
- G. NACA has access to all electronic communication systems and maintains the right to access, monitor, consistent with the law, all documents, messages, and information created on, with, or transmitted over the systems, including e-mail and Internet usage, without prior notification. NACA may also conduct reviews of content and information made available by employees and affiliates through social media to ensure compliance with this policy. Violations are subject to disciplinary action up to, and including, termination of employment.
- H. Subject to applicable law, after-hours online activity violating NACA's Professional Code of Conduct, Confidentiality Agreement, or any other company policy may subject an employee to



disciplinary action up to, and including, termination of employment.

- I. Artificial intelligence (AI) tools: Employees enter patient information or confidential NACA information only into AI tools approved by NACA and covered by a business associate agreement. Use of consumer or free AI tools with protected health information or confidential information is prohibited. AI use in clinical documentation follows HIM 300.



POLICY: HR 200	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Selection & Hiring Process	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to establish and follow fair, consistent, and nondiscriminatory employee selection and hiring practices in compliance with all applicable local, state, and federal regulations, including the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act. The HR recruits, screens, and refers qualified applicants to be considered for employment. ~~The HR recommends the final candidate in accordance with CEO approval.~~ The hiring supervisor selects the final candidate from the interview panel's recommendation, and the CEO approves all hires.
- II. **PURPOSE:** To establish procedures for the selection and hiring of new employees.
- III. **SCOPE:** This policy applies to all NACA employee selection and hiring activities.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 200A, Selection & Hiring Process Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its selection procedures require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 200A, Selection & Hiring Process Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.20; ADM.120.30; HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (selection and dismissal procedures); Civil Rights Act of 1964; Age Discrimination in Employment Act of 1967; Americans with Disabilities Act.



POLICY: HR 200A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Selection & Hiring Process Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 200A — SELECTION & HIRING PROCESS PROCEDURE

- A. Position vacancies are filled in accordance with NACA's authorized budget. The CEO can freeze any vacancy when funds are unavailable.
- B. To initiate the recruitment process, a supervisor must complete and submits a Position Requisition Form with appropriate signatures.
- C. **Recruitment:** The HR coordinates all recruitment activity and related advertising, including the cost and selection of media used. In an effort to fill vacancies, NACA may utilize a variety of recruitment sources, such as internal job posting, newspaper advertising, and employment agencies.

No advertisement will appear that in any way discriminates against any individual with regard to race, sex, age, national origin, religion, or disability.

- D. All vacant positions will be open to internal posting. When a qualified candidate (defined as anyone meeting the minimum qualifications for the position) exists internally, the position may not be opened to the public. If it is determined there are no qualified applicants within NACA, an open-competitive recruitment may be used to ensure a reasonable number of qualified applicants may be evaluated to determine the most qualified candidate for the vacant position.

Positions that are grant funded will be stated on the job announcement and that continued employment is contingent on available funding.

- E. **Employment Application:** All applicants for positions will complete an employment application. The HR reviews applications to determine qualifications of selected individuals before interviews are scheduled.
- F. **Initial Employment Screening:** The HR conducts preliminary screening of all qualified applicants: to determine qualification and experience.
- G. **Departmental Interview:** The HR coordinates all interviews with the hiring supervisor. All qualified applicants selected for an interview will be scheduled with a minimum of two interviewers, designated by the hiring supervisor.
 - The HR forwards the application, screening information, and position-specific interview evaluation forms for each referred candidate.
 - Departmental interviews focus on assessing specialized qualifications and skills in terms of the specific, essential duties of the position. The interview panel members fully discuss the job description with the applicant.



- Written, oral, and/or performance examinations may be administered to assist in determining the most qualified candidate.
 - At the completion of the interview, the interview panel forwards all completed interviewer evaluation forms to the HR. These forms must include job-related reasons why candidates were or were not acceptable.
 - When the panel has identified a final candidate, the hiring supervisor confers with the HR to:
 1. Discuss the applicant's acceptability.
 2. Determine any additional follow-up required (i.e., references, licensure, education verification).
 3. Establish a starting salary and start date.
- H. **Reference Checks:** Before making an offer of employment, the HR checks the employment and educational references of all candidates **as set out in HR 210A.**
- References and/or verifications provided by former employers and schools attended.
 - Unsatisfactory references may preclude the employment of a job candidate.
 - If a candidate does not permit contact with his or her present employer before the job offer is made, the candidate is advised that upon acceptance of an offer, the present employer may be contacted, and such offer is contingent upon a satisfactory reference from this employer.
 - The HR discusses with the candidate any discrepancies between the information on the employment application and that obtained in a reference.
 - Any misrepresentation, falsification, or willful omission of information on the employment application or any other employment documents renders such records void and is grounds for refusal of employment, disciplinary action, or discharge from employment, without regard to when the falsification of records is discovered.
 - Reference information is privileged and confidential and is not shared or discussed with anyone.
- I. **Approval:** The Chief Executive Officer shall approve all candidates.
- J. **Offer of Employment:** ~~The interview panel makes the selection of a final candidate, it is understood the HR makes all offers of employment.~~ **The interview panel recommends a final candidate, the hiring supervisor selects, and HR makes all offers of employment after CEO approval.** The HR ensures the starting salary complies
- with NACA's compensation plan and does not conflict with salaries for comparable positions within NACA. An offer of employment letter is prepared for all new employees confirming the start date, title, hours, and other conditions of employment.
- K. **Notification:** The HR is responsible for notifying all candidates of the final decision of employment.
- L. If a position is vacated prior to the employee completing their probationary period other qualified applicants from the initial interviewing process may be selected at the recommendation of the hiring manager/supervisor or the discretion of the CEO.
- M. **Independent Contractors:** For the purpose of this policy, Independent Contractors (ICs) are defined as persons contracted by NACA to complete a specific project or scope of work in



accordance with local, state, and federal laws. The hiring of ICs shall be kept to a minimum. ICs will be recruited, and a personnel file maintained. A quality evaluation and review needs to be performed on all ICs annually.



POLICY: HR 201	(X) Revision () New	Original Issue Date: 01/21/14 Revised Date: 03/24/14; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Students, Interns, and Volunteers	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to collaborate with community education and vocational programs to provide opportunities for students, interns, and volunteers to gain experience and training in the services NACA provides. Students with a minimum age of sixteen (16), with parental permission, can work with NACA during the normal work week. Students under 18 do not perform clinical tasks and work in patient-care areas only under direct supervision.
- II. **PURPOSE:** To offer experience and training to individuals in community education and vocational programs; and to ensure the confidentiality and safety of NACA patients, clients, and employees.
- III. **SCOPE:** This policy applies to students, interns, and volunteers placed at NACA and to the NACA staff who supervise them.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 201A, Students, Interns, and Volunteers Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 201A, Students, Interns, and Volunteers Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.70; IHS/UIO On-Site Review Manual, Human Resources Requirements (students, volunteers, and postgraduate trainees).



POLICY: HR 201A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Students, Interns, and Volunteers Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 201A — STUDENTS, INTERNS, AND VOLUNTEERS PROCEDURE

- A. Students, interns, and volunteers shall submit an application and a copy of resume to the HR.
- B. It is the responsibility of the Program Director or supervisor to ensure there is a work agreement in place between NACA and the education or vocational program prior to the student or intern beginning work. Supervision requirements shall be included in the contract. All students, volunteers, and interns must complete NACA's orientation, clinical competencies, and ongoing in-service education.
- C. The HR shall maintain a personnel file on all students, interns, and volunteers including the following information:
 - Copy of valid driver's license or state ID
 - Copy of license(s) and/or certification(s)
 - Fingerprint Clearance Card (~~if working in a NACA facility licensed by ADHS to provide services to minors or children~~) (as required by HR 210A), and Pre-Check
 - Proof of immunizations
 - Tuberculosis screening annually per HR 211B
 - Signed Confidentiality Agreement and Acknowledgement, online HIPAA training completion
 - Professional Code of Conduct, Electronic Communications Agreement, and Drug Free and Alcohol-Free Workplace Agreement annually
 - Basic Life Support (BLS) Certification (when required by the assigned role)
 - Emergency Contact Information
- D. All students, interns, and volunteers shall complete a modified orientation by the Program Director or supervisor to include workplace safety, sexual and other harassment, risk management, and any other department-specific information. Documentation of the completed orientation shall be provided to the HR Department within 30 days of the service start date. Students, interns, and volunteers do not have patient contact until orientation and the background check are complete.
- E. Clients and patients must give consent by signing the Patient/Client Consent Form, available at HR, prior to all services observed and/or provided by students, interns, and volunteers.
- F. The CEO has final approval for all students, interns, and volunteers.

POLICY: HR 202	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 07/14/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Hiring of Relatives	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 08/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is not to restrict the hiring, placement, advancement or pay of persons related to each other, or those cohabitating with each other, except in accordance with the following criteria:
 - The employer will not place one such person under the direct supervision of the other person.
 - The employer will not place one person in the same area or department employing the other person, unless the CEO approves the placement and a written plan prevents any direct or indirect reporting relationship.
- II. **PURPOSE:** To avoid the appearance of favoritism when making personnel decisions regarding the employment or advancement of relatives.
- III. **SCOPE:** This policy applies to the hiring, placement, advancement, and pay of NACA employees who are related to, or cohabitating with, one another.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 202A, Hiring of Relatives Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 202A, Hiring of Relatives Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; HR 111, Conflicts of Interest.



POLICY: HR 202A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Hiring of Relatives Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 202A — HIRING OF RELATIVES PROCEDURE

- A. For purposes of this policy, a relative is any person who is related by blood, legal authority, or marriage, or whose relationship with the employee is similar to that of a person who is related by blood or marriage.
- B. If an applicant is a relative of a current employee within the hiring department, the current NACA employee must notify the hiring supervisor, who must then notify the HR. No offer of employment may be made without the approval of the CEO.
- C. In accordance with this policy, NACA reserves the right to reject a job applicant who is related to another NACA employee.
- D. Should the marriage or cohabitating relationship of current employees result in one person working under the direct supervision of the other person or in the same area or department as the other person, HR first determines whether the CEO will approve a written plan under HR 202 that removes any direct or indirect reporting relationship (a plan cannot allow one person to directly supervise the other). If no plan is approved, if feasible, one individual is given the opportunity to transfer outside of the department. If a transfer is not feasible, the couple is given an opportunity to choose which person resigns. Should the couple choose not to make the determination within ten (10) workdays, the person with the least seniority will be terminated.
- E. At the time of the person's hire, the related parties will be contacted by HR to resolve any potential conflicts that could arise during employment.

POLICY: HR 210	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 10/15/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employment Screening and Requirements	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 11/01/14; 07/20/17; 01/01/21; 10/20/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to check the employment references and credentials of all applicants and employees, and to conduct a criminal background check to ensure there are no convictions of any sex crimes, drug felonies, or any other crime or offense involving any child, physically-disabled adult or mentally-disabled adult, in order to determine if such criminal conviction bears on an individual's fitness to have responsibility for the safety of NACA clients, patients, and employees.
- II. **PURPOSE:** To ensure individuals who join NACA are well qualified, have a strong potential to be productive and successful, and to protect the safety of NACA patients, clients, and employees.
- III. **SCOPE:** This policy applies to all applicants and to all persons offered employment, service, or a contract with NACA, including employees, interns, students, volunteers, and contractors.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 210A, Employment Screening and Requirements Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 210A, Employment Screening and Requirements Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.20; ADM.140 (Guidance: references and background checks); IHS/UIO On-Site Review Manual, Human Resources Requirements (criminal background checks); A.R.S. Title 41, Chapter 12, Article 3.1 (fingerprint clearance); Indian Child Protection and Family Violence Prevention Act, 25 U.S.C. 3207; Fair Credit Reporting Act, 15 U.S.C. 1681b, 1681m; EEOC Enforcement Guidance on the Consideration of Arrest and Conviction Records (2012).



POLICY: HR 210A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employment Screening and Requirements Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 210A — EMPLOYMENT SCREENING AND REQUIREMENTS PROCEDURE

A. Reference Checks

- The HR will contact references on all final candidates prior to an offer of employment.
- A minimum of two (2) positive references are required prior to an offer of employment.
- The HR Department will notify the hiring supervisor of the results of the reference checks.

B. Criminal Background Checks

- Criminal background checks will be conducted for all persons offered employment with NACA prior to the first day of employment, service, or contract start date.
- Employment, service, or contract may not begin until NACA has received and reviewed the results of the criminal background check. Derogatory information may be reason to withdraw an offer for employment, service, or contract. The CEO has the final decision in these cases.
- Before a background report is obtained from a consumer reporting agency, HR gives the applicant or employee a written disclosure, in a document consisting only of that disclosure, and obtains written authorization (15 U.S.C. 1681b(b)(2)).
- Before withdrawing an offer or taking other adverse action based in whole or in part on a background report, HR (1) completes an individualized assessment of the nature and gravity of the offense, the time that has passed, and its relation to the position; (2) gives the individual a pre-adverse action notice with a copy of the report and the Summary of Your Rights Under the Fair Credit Reporting Act; (3) waits at least five (5) business days so the individual can dispute or explain the information; and (4) if the decision stands, gives a final adverse action notice that includes the reporting agency's contact information and the individual's dispute rights (15 U.S.C. 1681b(b)(3), 1681m). Disqualifications required by law, including the fingerprint clearance, exclusion screening, and 25 U.S.C. 3207 requirements in this procedure, apply regardless of the individualized assessment.
- Additional post-offer pre-employment screening checks beyond criminal background checks may be required, depending on the nature of the responsibilities of the position being offered. These additional screenings may include, but are not limited to: Motor Vehicle Records, Education and Licensing, and/or Drug Screening.
- For positions involving regular contact with, or control over, Indian children, the background check also meets the character investigation requirements of the Indian Child Protection and Family Violence Prevention Act (25 U.S.C. 3207).

C. Fingerprint Clearance

- Pursuant to ~~AAC R9-5-203~~ Arizona fingerprint clearance requirements (A.R.S. Title 41, Chapter 12, Article 3.1), all NACA clinical employees, interns, students, volunteers, and any employee who works with children are required to maintain a current Level One Fingerprint Clearance Card from the State of Arizona, Department of Public Safety (DPS).



- If a candidate does not have an active Level One Fingerprint Clearance Card, an application for clearance must be submitted to DPS prior to the first day of employment.
- Employees, interns, volunteers, or applicants who petition for a “good cause” exception shall ~~remain an employee no more than 30 days from the date of suspension~~ **work only in a role without child contact for no more than 30 days from the date the exception is requested.** If the individual has not received approval within the 30 days, employment or service with NACA will be terminated with the opportunity to reapply when clearance has been obtained.
- Employees, interns, volunteers, or applicants who are denied a Level One Fingerprint Clearance Card and choose not to appeal the decision, or whose appeal is also denied, will be terminated immediately from employment with NACA.
- It is the responsibility of the individual to ensure their Level One Fingerprint Clearance is current.

D. ~~Excluded Parties List System (EPLS)~~ **Exclusion Screening**

- ~~EPLS searches shall be completed annually for all persons offered an employment, service position, or a contract with NACA prior to the first day of employment, service, or contract.~~ **Exclusion searches of the System for Award Management (SAM.gov), the HHS Office of Inspector General List of Excluded Individuals/Entities (LEIE), and the Arizona AHCCCS exclusion list are completed for all persons offered employment, a service position, or a contract with NACA before the first day of employment, service, or contract.**
- ~~If an EPLS search~~ **an exclusion search** indicates a potential employee, volunteer, student, intern, or contractor is excluded from receiving federal dollars, any offer of employment, service, or contract is immediately void.
- ~~EPLS searches will be completed~~ **Exclusion searches are repeated monthly** for existing employees, interns, volunteers, contractors, and other affiliates. ~~If an EPLS search~~ **an exclusion search** indicates an individual is excluded from receiving federal dollars, employment, service, or contract will be immediately terminated.

POLICY: HR 211	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 10/15/14; 09/01/20; 09/01/23; 04/01/24; 07/17/24; 04/07/25; 09/22/26 Approved by: Board of Directors
Employee Immunizations and Tuberculosis Testing	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 04/21/21; 10/07/23; 04/17/24; 07/17/24; 04/16/25; 10/15/25; 10/21/26 Effective Date: 11/01/14; 07/20/17; 01/01/21; 04/22/21; 10/10/23; 04/18/24; 07/18/24; 04/17/25; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of Native Americans for Community Action (NACA) NACA is to minimize exposure and protect patients, clients, NACA employees, and guests from highly infectious diseases, such as tuberculosis (TB), Hepatitis B, and Influenza, through ~~annual TB testing~~ **annual TB screening** and immunizations for certain communicable diseases as recommended by the Centers for Disease Control (CDC) and OSHA.
- II. **PURPOSE:** To promote and maintain the health and well-being of employees, interns, and students by providing maximum access to recommended vaccines to prevent the spread of communicable disease.
- III. **SCOPE:** This policy applies to all individuals affiliated with NACA including employees, interns, students, volunteers, and temporary staff.
- IV. **DEFINITIONS:**

Employee: NACA personnel, temporary NACA employees, interns, students, and volunteer workers.

Contractor: An individual or company hired by NACA to perform certain tasks, including but not limited to consultants, maintenance personnel, IT specialists, construction workers or any other type of service provider.

Patient Contact: Interaction or engagement between a healthcare provider (such as a primary care physician, nurse, medical assistant, behavioral health provider) and a patient.

Immune: Immunity to an infectious disease for which there is a vaccine can be assumed if the employee is appropriately vaccinated, or the employee shows serologic evidence of immunity.

Certificate of Exemption: Documentation that supports that a particular medical treatment or vaccination is not advisable due to a condition or allergy or not acceptable due to a religious objection.

Declination: The act of refusing or declining to receive a recommended vaccine by signing a declination form.

Serologic Testing: Analysis of blood serum to detect the presence of specific antibodies or antigens. (In the context of immune status to assess whether an employee has developed immunity against certain pathogens).



- V. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 211A, Employee Immunizations and Tuberculosis Testing Procedure, which the Human Resources Director updates operationally without Board re-approval. The Medical Director owns HR 211B, Employee Immunization and Tuberculosis Testing Protocol, which holds the clinical tuberculosis screening and immunization criteria. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- VI. **PROCEDURE:** Operational steps are set out in HR 211A, Employee Immunizations and Tuberculosis Testing Procedure. Clinical tuberculosis screening and immunization criteria are set out in HR 211B, Employee Immunization and Tuberculosis Testing Protocol.
- VII. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) SAF.250.30; SAF.250.40; SAF.260.10; OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030; CDC/ACIP recommendations for vaccination of health care personnel.



POLICY: HR 211A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Immunizations and Tuberculosis Testing Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 211A — EMPLOYEE IMMUNIZATIONS AND TUBERCULOSIS TESTING PROCEDURE

- A. Scope: This policy applies to all individuals affiliated with NACA including employees, interns, students, volunteers, and temporary staff. For the purposes of this policy, the term “employees” shall refer to employees, interns, students, volunteers, and temporary staff.

For Immunization Policy purposes, employees shall be categorized as Direct Patient Service Staff and Non-Direct Patient Service Staff.

- ~~Direct Patient Contact Staff~~ **Direct Patient Service Staff**: Clinical Staff, Behavioral Health Staff, Health Promotions Staff, and other roles with regular in-person patient contact as listed by the Medical Director in HR 211B.
- ~~Non-Direct Patient Contact Staff~~ **Non-Direct Patient Service Staff**: All other employees.

Contractors are required to comply with the immunization requirements outlined in their respective agreements with the organization. Agreements with contractors who have patient contact or regularly work on site include the HR 211B Hepatitis B requirements, or proof of an equivalent program.

- B. Documentation: All employees shall have an Employee Immunization File separate from personnel files which shall include their immunization history with vaccination dates, tuberculosis test results, and serologic immunity test(s) results as applicable. Employee Immunization Files shall be stored in Medical Records. The information in this record is confidential and shall be used for employee immunization health purposes only.
- C. Employee Immunizations: Direct Patient Service Staff shall submit a copy of their immunization history or serologic immunity status results upon employment. Direct Patient Service Staff shall not work with patients until documentation of demonstration of immunity has been provided they have provided documentation of immunity, vaccination, or an approved exemption or declination for each vaccine required in HR 211B.

Direct Patient Service Staff shall be informed of the current immunization schedule per Centers for Disease Control (CDC) and will be encouraged to receive the following vaccines based on their vaccine status:

- Diphtheria
- Tetanus
- Pertussis
- Measles
- Rubella
- Mumps



- Hepatitis B
- Influenza
- Varicella
- COVID-19

It should be noted that the term “Tdap” is commonly used to reference the combination immunization and vaccine for the disease’s diphtheria, tetanus, and pertussis. The term “MMR” is commonly used to reference the combination immunization and vaccine for measles, mumps, and rubella.

Direct Patient Service Staff who give Informed written consent shall be provided, at no charge, vaccines ~~for any or any of~~ **for any of** the aforementioned diseases, provided they are administered in the NACA clinic. Direct Patient Service Staff who do not have immunization records, or are unable to obtain their records, shall be assisted, at no charge, in obtaining serologic tests to evaluate their immunity status with regard to the following diseases:

- Measles
- Rubella
- Mumps
- Hepatitis B
- Varicella

For diseases not serologically tested to demonstrate immunity status, the employee shall be required to receive the remaining required vaccinations. Vaccinations shall be given in accordance with the CDC timeline guidance.

Non-Direct Patient Service Staff who give Informed written consent shall be provided, at no charge, vaccines ~~for any or any of~~ **for any of** the aforementioned diseases, provided they are administered in the NACA clinic. Non-Direct Patient Service Staff are not eligible for serological testing. It is recommended NACA medical staff review the staff’s immunization history prior to administration of any vaccinations.

- D. Consent and Education: All employees shall be educated on the vaccine prior to administration. Employees shall be responsible for communicating any personal health risks or pregnancy status to the nursing staff prior to consent and administration.
- E. Certificate of Exemption (~~Direct Patient Care Staff~~ **Direct Patient Service Staff**): Only employees with an approved Certificate of Exemption shall be permitted an exception to ~~mandatory immunity~~ **a vaccine required in HR 211B**. There are two types of exemptions. A Medical Certificate of Exemption may be approved when the employee has a medical contraindication with supporting documentation from a physician. A Religious or Spiritual Certificate of Exemption may be approved when an employee signs an attestation of a sincere religious or spiritual objection. Employees who submit a Religious or Spiritual Exemption shall receive education regarding the risks and benefits of vaccination. Employees may revoke their attestation at any time if they wish to consent to receive appropriate vaccination. **The Medical Director approves medical exemptions and the HR Director approves religious or spiritual exemptions, in writing, within ten (10) business days. Approved certificates are filed in the Employee Immunization File.**



F. Immunization Declination Form (~~Direct Patient Care Staff~~) (**Direct Patient Service Staff**): NACA shall consider an immunization declination request submitted by the employee for the following vaccines:

- MMR
- Varicella
- Tdap
- COVID-19.
- **Hepatitis B**

Direct Patient Service Staff who choose to decline MMR, Varicella, Tdap, ~~and/or Covid 19~~ **COVID-19, and/or Hepatitis B** immunizations for non-medical or non-religious or spiritual reasons must complete and sign the Immunization Declination Form provided by NACA. The form will include a statement acknowledging that the employee understands the risks associated with not being vaccinated and agrees to comply with any additional infection control measures that may be required. **The Hepatitis B declination uses the statement required by the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030, Appendix A).**

Prior to the acceptance of a declination, the employee shall receive education about the benefits of immunizations, including information on vaccine-preventable diseases and the importance of herd immunity. Employees who choose to decline immunizations will have the opportunity to discuss their decision with a healthcare provider or designated staff member.

Following completion of the required education and counseling, the Declination Form shall be reviewed and signed by the Medical Director. A copy of the signed Immunization Declination Form will be kept in the Employee Immunization File. The declination form will be reviewed annually, and employees will have the opportunity to reconsider their decision and receive immunizations at any time.

G. Contractors: Immunization needs for contractors shall be assessed on a case-by-case basis with careful consideration to level of risk and duration of time. Contractors who are considered to be at greater risk shall have the opportunity to have their records reviewed and recommendations made by the NACA Medical Director.

H. Documentation: NACA employees who are given vaccine(s) or who have serologic testing to evaluate their immune status shall have their results and reports filed in the Employee Immunization File. Employees may be provided with an individual record of their immunization documents upon their request with a current release of information on file.

I. Compliance and Record Keeping: Employee Immunization File audits shall occur as deemed necessary and may be performed by Human Resources, Employee Health, and Quality Improvement & Compliance personnel.

J. References:

- Indian Health Services Manual, Part 1, Chapter 12
- Arizona Administrative Code Title 9. Health Services, Chapter 10 Department of Health Services-Health Care Institutions: Licensing (R9-10-113)



- Centers for Disease Control: **Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) (cdc.gov)**
- Center for Disease Control: **Coronavirus Disease 2019 (COVID-19) | CDC**
- Centers for Disease Control: **Recommended Vaccines for Adults | CDC**
- Occupational Safety and Health Administration (OSHA): **COVID-19 - Control and Prevention - Healthcare Workers and Employers | Occupational Safety and Health Administration**



POLICY: HR 211B	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Medical Director
Employee Immunization and Tuberculosis Testing Protocol	Author: Human Resources	Review: Annual by Medical Director Annual Review Date: 10/21/27

HR 211B — EMPLOYEE IMMUNIZATION AND TUBERCULOSIS TESTING PROTOCOL

- A. Two-Step Tuberculosis Testing for all NACA Employees: Upon hire, all employees must present proof of the following:
- Negative PPD (purified protein derivative) test results with the past 12 months from a licensed healthcare provider; OR
 - Proof of current or completed treatment for an active TB secondary to abnormal Mantoux skin testing; AND
 - A chest x-ray report after the time of diagnosis of active TB indicating no active cardiopulmonary disease.)

Newly hired employees presenting proof of the required initial tuberculosis testing shall be administered a second tuberculosis skin test.

Newly hired employees who do not have proof of the initial requirement shall be administered the first tuberculosis test. If the initial screening is negative, newly hired employees shall undergo a second round of testing within 1 to 3 weeks after the initial test. The purpose of the two-step testing is to detect any delayed hypersensitivity to tuberculin that may have occurred since the initial test.

Direct Patient Service Staff shall not work with patients until the initial first-step tuberculosis testing requirements have been met. Non-Direct Patient Service Staff shall have 30 days from the date of employment to complete the initial first-step tuberculosis testing requirements.

If the initial screening is positive, a chest x-ray shall be completed indicating no active cardiopulmonary disease. If the chest x-ray indicates active cardiopulmonary disease, the new employee shall be required to complete treatment for active TB.

Tuberculosis testing shall be completed at no cost to the employee if the employee receives the testing at the NACA clinic and shall cover the cost of all NACA recommended chest x-rays. Employees may choose to have the tuberculosis testing completed with their own medical provider, however, NACA shall not cover the external cost.

Following the initial two-step tuberculosis testing, all employees are required to provide annual documentation that the individual is free from symptoms of infectious tuberculosis utilizing a tuberculosis screening and risk assessment questionnaire which is reviewed and signed by the ~~Family Health Center medical director~~ **Medical Director**.

If a current employee, has a newly positive symptom questionnaire, followed by a positive PPD or TB blood test, the employee shall be required to get chest x-ray immediately following the positive testing and shall be placed on medical leave. The employee can report back to work after appropriate treatment and a physician release statement is submitted to Human Resources.



The Human Resources in collaboration with Employee Health is responsible for tracking compliance and alerting employees when ~~an updated tuberculosis skin test is due~~ **annual tuberculosis screening is due.**

B. Immunity Requirements (~~Direct Patient Care Staff~~) **(Direct Patient Service Staff):**

Influenza

All Direct Patient Service Staff who give informed written consent are required to be vaccinated for influenza annually.

Hepatitis B

All Direct Patient Service Staff are required to demonstrate immunity to Hepatitis B or shall receive the Hepatitis B series. Depending on the manufacturer, the Hep B vaccination is a series of 2, 3 or 4 vaccines over a specified period of time. Direct Patient Service Staff shall follow the specified timeline in accordance with the guidance provided for their specific vaccine. Direct Patient Service Staff shall not work with patients until ~~at documentation of demonstration of a least one Hep B vaccine~~ **documentation of at least one Hepatitis B vaccine dose, demonstrated immunity, or a signed Hepatitis B declination (HR 211A).**

C. Immunity Recommendations (Direct Patient Service Staff):

Tetanus, Diphtheria, and Pertussis (Tdap)

The Tdap vaccine is recommended every 10 years.

Measles, Mumps, Rubella (MMR)

Employees without evidence of immunity are recommended to receive one dose of MMR.

The MMR is a live vaccine. Assigned female at birth employees of childbearing age should have a pregnancy test before administration of a live virus vaccine. Although measles, mumps, and rubella vaccines are not known to cause special problems for pregnant women and their unborn

babies, doctors usually avoid giving any drugs or vaccines to pregnant women unless there is a specific need. To be safe, pregnant women should not get these vaccines. Employees with certain diseases should not receive a live vaccine. Employees shall discuss their health conditions with nursing staff prior to being given the vaccine.

Varicella

Employees without evidence of immunity should receive 2 doses, 4 to 8 weeks apart.

COVID-19

Employees are recommended to receive the ~~Covid-19~~ **COVID-19** age-appropriate vaccine product and dosage in accordance with the recommended intervals for that age group as deemed appropriate by the manufacturer and/or CDC. ~~All employees shall have documentation of Covid 19 vaccination.~~ **All employees provide documentation of their COVID-19 vaccination status, or a declination, for the Employee Immunization File.**

D. Immunization Requirements and Recommendations for Non-Direct Patient Service Staff: Non-Direct Patient Service Staff are strongly encouraged to receive all vaccines offered by NACA.



Staff shall be given the opportunity to discuss their immunization status with a NACA provider at any time during employment.

- E. Special Considerations: Pneumococcal and Shingrix are additional vaccines offered to all employees as deemed appropriate according to the Adult CDC immunization schedule.

POLICY: HR 212	(X) Revision () New	Original Issue Date: 11/26/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Offer of Employment	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is all offers of employment are contingent until the HR employment file is complete.
- II. **PURPOSE:** To ensure all required documentation is received by NACA to complete the employee's HR file.
- III. **SCOPE:** This policy applies to all offers of employment made by NACA.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 212A, Offer of Employment Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 212A, Offer of Employment Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.20; ADM.140 (Guidance: personnel file contents).



POLICY: HR 212A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Offer of Employment Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 212A — OFFER OF EMPLOYMENT PROCEDURE

When a qualified candidate accepts an offer of employment with NACA, the HR will schedule a meeting with the candidate in order to provide and receive the following:

- A. Offer of Employment letter, including salary information, FLSA status, start date, and hours of position;
- B. ~~Copy of candidate's ID, Driver License, or US Passport;~~ Form I-9 documents of the candidate's choice, collected separately under HR 104A, and a copy of the driver's license if the position requires driving (HR 405A);
- C. Copy of highest level of education completed (i.e., high school diploma, college degree) and primary-source verification of any education, license, or certification required for the position;
- D. Copy of any licenses, certifications, etc. required for the position;
- E. Authorization for background check;
- F. Motor Vehicle Record Request Authorization, if applicable;
- G. Copy of Fingerprint Clearance Card or Criminal History Affidavit/Fingerprint Clearance Card application, if applicable for clinical and non-clinical positions working with children only as required by HR 210A;
- H. ~~Copy of social security card;~~ Social Security number for payroll and background check purposes (the Social Security card is not required);
- I. Copy of Basic Life Support (BLS) Certification, if required by the job description;
- J. Employee Emergency Contact Information;
- K. Tuberculosis test (see HR 211 Policy); and
- L. Immunization record, if applicable



POLICY: HR 213	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Employment Status	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

I. POLICY: The policy of NACA is to follow the classifications for employment status as defined below:

- A. Probationary Status – All new employees shall serve a probationary period for the first 90-days of employment (see Probationary Period policy). Probationary employees are eligible to contribute to the retirement plan, for holiday pay and to accrue annual and sick leave. Probationary employees are not eligible to use annual or sick leave or insurance benefits until probationary period is completed. Sick leave may be used beginning the 90th calendar day of employment, whether or not probation has ended (HR 302A). Insurance eligibility is set out in HR 300A.
- B. Full-time Status **Regular Status** – ~~Full-time status is obtained~~ **Regular status is obtained** after successful completion of the 90-day probationary period, as recommended by the supervisor and approved by the CEO. ~~Full-time status employees are eligible~~ **Employees in regular status are eligible** to accrue and use annual and sick leave, for holiday pay, and insurance benefits based on their Employment Classification (see Employee Classification policy).
- C. Part-time Status – Part-time status are those employees who work ~~20-31~~ **20-29** hours per week. Subject to 90-day probationary period. Eligible to accrue annual and sick leave, for holiday pay and participate in the 403(b) retirement plan. Not eligible for insurance benefits.
- D. Temporary Status – Temporary status is for three (3) months or less and the employee is **not** eligible to earn annual leave, holiday pay, or insurance benefits. Sick leave is earned as stated in HR 302. Emergency appointments may be necessary when it is critical to fill a personnel need. Temporary status are eligible to participate in the internal recruitment hiring process.
- E. Per Diem (As-Needed) Status – Per diem employees work as needed with no regular schedule and normally fewer than twenty (20) hours per week. They accrue sick leave under HR 302A, are not eligible for annual leave, holiday pay, or insurance benefits unless their hours of service qualify them under HR 300A, and may participate in the 403(b) retirement plan as the plan document allows. HR tracks their hours of service.

II. PURPOSE: To define classifications for employment status.

III. SCOPE: This policy applies to all NACA employees.

IV. PROCEDURE: None.



- V. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140; Fair Labor Standards Act, 29 U.S.C. 201 et seq..



POLICY: HR 214	(X) Revision () New	Original Issue Date: 12/23/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Probationary Period	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to have an initial 90-day probationary period as an extension of the initial hiring decision.
- II. **PURPOSE:** To provide an opportunity for both employees and supervisors to assess how well the employment relationship is working.
- III. **SCOPE:** This policy applies to NACA employees serving the initial 90-day probationary period.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 214A, Probationary Period Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 214A, Probationary Period Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.50; IHS/UIO On-Site Review Manual, Human Resources Requirements (competence assessed soon after hire).



POLICY: HR 214A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Probationary Period Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 214A — PROBATIONARY PERIOD PROCEDURE

- A. At time of employment, the HR and the employee's direct supervisor will notify the new employee of the 90-day probationary period requirement. All new and rehired employees work in a probationary status for the first 90 days after their date of hire.
- B. During this period of employment, each employee is to receive close supervision, orientation, review of work, training and any other guidance to support the employee's opportunity for success on the job.
- C. Each employee shall receive a formal performance evaluation at the end of their probationary period to evaluate the employment relationship, assess the job learning progress, address any attendance concerns, and evaluate any other feature of the employee's job significant to retention decision making and the prospect of job success.
- D. The supervisor shall initiate the evaluation process and is responsible for completing the process within 90 days of the employee's date of hire. If supervisor does not provide the required probationary evaluation to HR, **the employee will be converted to full-time status. the employee will be converted to regular status, unless disciplinary action has been initiated (see HR 250).**
- E. Whenever feasible, employees will be informed in advance of the expiration of the probationary period if their employment will not be continued. In addition, the supervisor will confer with the HR at least one week in advance of the date of termination.
- F. Employees are not eligible to initiate grievances **(except to allege a violation of federal or state law under HR 251A)** or use sick and/or annual leave until after successful completion of the 90-day probationary period. **Sick leave may be used beginning the 90th calendar day of employment (HR 302A).** Annual leave is not paid out if an employee does not successfully complete the probationary period.
- G. Employees who are promoted or transferred within NACA are subject to a 90-day probationary period in the new position. **An employee who does not successfully complete probation in a new position may return to the former position, or a comparable open position, when one is available.** Employees who are promoted or transferred into another position will maintain benefits without interruption; annual and sick leave may be used during this period with supervisor approval.
- H. If an employee is absent from work on an approved leave of absence during their 90-day probationary periods, the probationary period will be extended by the same length of the absence.



- I. Under certain circumstances, the probationary period may be extended for up to three (3) additional months. If a supervisor intends to extend an employee's 90-day probationary period, the HR is contacted at least one (1) week prior to the end of the original probationary period. Employees are informed of an extension to the probationary period prior to 90-days of employment. An extension of the probationary period requires written documentation from the supervisor to be provided to the employee and the HR for inclusion in the employee's personnel file.
- J. Upon satisfactory completion of the probationary period, employees will enter ~~full-time employment status~~ **regular status** (see Employment Status policy).



POLICY: HR 215	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Classifications	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 01/24/17; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to follow the guidelines established by the Fair Labor Standards Acts (FLSA) for employee classifications:
 - A. Exempt – Full-time employees whose positions meet specific requirements established by the Fair Labor Standards Act (FLSA) and applicable state law and who are exempt from overtime pay requirements.
 - B. Non-exempt – Employees whose positions do not meet FLSA and state exemption requirements, and who are paid one and a half times the regular rate of pay for hours worked in excess of forty hours per week.
 - C. Full-Time – Employees who are normally scheduled to work ~~32 or more~~ 30 or more hours per week.
 - D. Part-Time – Employees who are normally scheduled to work ~~20 to 31~~ 20 to 29 hours per week.
 - E. Temporary – Employees who are hired for short term employment not to exceed three (3) months.
 - F. Per Diem – Employees who work as needed with no regular schedule, normally fewer than 20 hours per week (see HR 213).
- II. **PURPOSE:** To define the different types of employee classifications per the Fair Labor Standards Act (FLSA).
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **PROCEDURE:** None.
- V. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- VI. **REFERENCES:** Fair Labor Standards Act, 29 U.S.C. 213(a)(1); 29 CFR Part 541; Affordable Care Act employer shared responsibility, 26 U.S.C. 4980H.



POLICY: HR 217	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Hours of Work and Pay Administration	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 01/24/17; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide equitable compensation for each employee based on the job position, individual performance, and the company's compensation plan. NACA is committed to an equitable and balanced compensation system placing fair value on the work of its employees.
- II. **PURPOSE:** To establish reasonable, equitable, and understandable procedures for compensating employees and setting hours of work.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 217A, Hours of Work and Pay Administration Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its salary scales, pay ranges, and compensation rates require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 217A, Hours of Work and Pay Administration Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales); Fair Labor Standards Act, 29 U.S.C. 201 et seq.; A.R.S. 23-363; 29 CFR 785.18-785.19.



POLICY: HR 217A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Hours of Work and Pay Administration Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 217A — HOURS OF WORK AND PAY ADMINISTRATION PROCEDURE

~~When a qualified candidate accepts an offer of employment with NACA, the HR will schedule a meeting with the candidate in order to provide and receive the following:~~

A. *Hours of Work*

- Work Week – NACA observes a seven-day work week beginning on Sunday and ending on Saturday. NACA's normal business hours are Monday thru Friday 8 a.m. to 5 p.m. Some NACA programs have varying hours of operation.
- Workday – The normal workday for NACA consists of nine (9) hours with a scheduled one (1) hour lunch break except those participating in the alternative work schedule.
- Work Schedule – Work schedules are established based on business needs & objectives and are subject to change at the discretion of management (see Time and Attendance Standards policy). Supervisors may schedule workdays and hours which differ from the standard workdays and hours ensuring employees scheduled for six (6) or more hours receive a minimum of thirty minutes for a lunch break.
- Breaks – Each employee scheduled for eight (8) hours of work is provided two 15-minute paid breaks, one in the morning and one in the afternoon. Break schedules are determined by the supervisor to meet the business needs of the department. ~~Additional breaks taken by the employee shall be recorded on their time sheet and are not paid.~~ Rest breaks of twenty (20) minutes or less are paid work time for non-exempt employees, including any additional short breaks. Taking breaks beyond those scheduled without supervisor approval is addressed under HR 250, not by withholding pay (29 CFR 785.18).
- Meal Periods – A meal period of thirty (30) minutes or more is unpaid only when the employee is completely relieved of duty. A non-exempt employee who works during a meal period, including answering calls, messages, or patient needs, records that time and is paid for it (29 CFR 785.19). Supervisors schedule coverage so employees can take uninterrupted meal periods.
- Flextime- A flextime schedule may be granted by the immediate supervisor should an employee be required to work after the normal business hours or on weekends. This type of schedule is only for short-term use in order to address any business need and should be used ~~within the pay period~~ within the same workweek (Sunday through Saturday) for non-exempt employees, and within the pay period for exempt employees.

B. *Compensation Plan:* Determining compensation levels for each position/job within NACA is based on two factors: external parity and internal equity.

- External parity is determined through surveys of local or similar organizations to determine the market value of various jobs.
- Internal equity is determined through a formalized process of job evaluation.

1. The evaluation process shall be based upon two factors: 1) the essential duties and



responsibilities of each job description and 2) performance categories used for all employees.

2. Job content shall be re-evaluated when a position is vacated to ensure changes to the position (such as work being performed, staffing level changes) are incorporated into the job value.
- The information obtained through market surveys and the result of formal job evaluation is used to determine and establish wage/salary rates for individual job classifications. Review of compensation levels for each position shall occur every three (3) years.
 - Upon request of the CEO, the HR Director, or the immediate supervisor, an individual job or position may be reviewed to determine whether the essential duties and responsibilities have changed significantly enough to warrant a change in the pay grade of the position.
 - Final approval for any salary/pay grade change shall be done through the CEO.

C. Compensation Rates:

- Starting Salary - the hiring rate for new employees shall take into account the following factors:
 1. The established salary range for the position;
 2. The qualifications of the candidate in comparison to both the requirements of the position and to the qualifications of any incumbents or comparable positions within NACA;
 3. The salary of any incumbents in the same or comparable positions within NACA;
 4. Marketplace conditions; and
 5. Budgetary considerations.
- Promotion - An employee promoted to a position in a higher pay grade may have his/her salary raised within the range of the new assigned pay grade to either the minimum of the new pay grade or an amount resulting in an increase of at least 5% over his/her current salary but not to exceed the maximum of the new pay grade.
- Demotion - If an employee either voluntarily or otherwise is demoted to a lower job classification, the employee's salary shall be adjusted to the new assigned pay grade and range with consideration of service, or 5% lower of current salary based upon the allowable budget.
- Equity Adjustment – Occasionally, it may be necessary to adjust an employee's salary to accommodate changes in organizational structure, job status, or market conditions. Human Resources will review and make adjustment with the supervisor and CEO approvals.
- Merit Increase - In recognition of exemplary job performance demonstrated by employees during the year preceding their annual performance evaluation, employees may receive a merit increase. (See Policy HR 230).
 1. The supervisor who conducts the performance evaluation shall provide a specific written recommendation concerning the proposed amount of the merit increase and its justification.
 2. Approval of the proposed merit increase will be subject to review by the HR Department and the CEO to assure conformance with NACA practices and uniformity of compensation decisions.
 3. The HR Department shall prepare a Personnel Action Form (PAF) submit to Payroll.
 4. Approved merit increases will ~~generally be retroactively effective to the annual performance appraisal date~~ be effective as set out in HR 230A.
- Overtime - The normal work schedule for NACA employees is no more than 40 hours per week. Overtime compensation is paid to non-exempt employees who work more than 40 hours



in a work week (as allowed by FLSA). Compensation will be paid at 1½ times their regular hourly rate. Leaves of any sort and official recognized holiday do not count toward 40 hour work week for overtime hours. The immediate supervisor must receive authorization in advance from the CEO for all overtime work by non-exempt employees. All overtime worked by a non-exempt employee is paid, whether or not it was authorized; working unauthorized overtime is addressed under HR 250. Exempt employees are not eligible for overtime pay.

D. **Payroll and Timekeeping:** Accurately recording time worked is the responsibility of every employee. Federal and state laws require NACA to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is the time actually spent on the job performing assigned duties. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action up to, and including, termination of employment.

- Use of the electronic time clock system provided by the Payroll provider is implemented for all non-exempt employees to clock in and out for time keeping purposes.
- It is the responsibility of each employee to track time on a daily basis. If an employee forgets to clock in or out, it is the responsibility of the employee to notify their supervisor.
- It is the responsibility of supervisors to verify hours worked and approve electronic timecards before submission to payroll thru the electronic timekeeping system.
- All time must be submitted to Finance by 12:00 p.m. on the Monday before payday, unless communicated otherwise due to holidays. ~~If an employee fails to submit his/her electronic time keeping by the deadline, he/she may not receive pay on the regularly scheduled payday.~~ Late or missing time entries are corrected so the employee is paid on the regularly scheduled payday; repeated late submission is addressed under HR 250.
- Payroll personnel shall submit all approved time to the payroll provider.
- All employees are paid bi-weekly on Friday. Each paycheck will include earnings for all work performed through the end of the previous payroll period.
- Employees are encouraged to take advantage of direct deposit.
- When a payday falls on a holiday, wages shall be paid on the preceding workday.
- Each employee shall be paid ~~26 times per year~~ bi-weekly (26 or 27 pay periods per year, depending on the calendar).



POLICY: HR 218	(X) Revision () New	Original Issue Date: 06/02/20 Revised Date: 09/01/23; 09/22/26 Approved by: Board of Directors
Alternative Work Schedule	Author: Human Resources	Approval Date: 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide and allow full-time employees an alternative work schedule from the standard 8:00 a.m. to 5:00 p.m. workweek to balance work-life purposes while ensuring work and business needs are continuing to be met. Employees will be considered for alternative work scheduling on a case-by-case basis.
- II. **PURPOSE:** To provide employees with flexibility with their work schedule while allowing to maintain a progressive and productive work environment.
- III. **SCOPE:** This policy applies to full-time NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 218A, Alternative Work Schedule Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 218A, Alternative Work Schedule Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; Fair Labor Standards Act, 29 U.S.C. 207.



POLICY: HR 218A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Alternative Work Schedule Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 218A — ALTERNATIVE WORK SCHEDULE PROCEDURE

- A. An employee considering an alternative work schedule must discuss this work arrangement with their supervisor ~~who will approve the schedule~~; approval is by the immediate supervisor, HR Director, and CEO as described below. Employee will complete the required alternative work schedule form. Employees who have been with NACA for 6+ months are eligible for alternative work schedule on a case-by-case basis.
- B. The employee must meet the following conditions prior to beginning the alternative work schedule: Must have satisfactory attendance record, meet all performance expectations in his/her current position, and consistently demonstrate the ability to complete tasks and assignments on a timely basis. Work and responsibilities must be conducive to a flexible work arrangement without causing significant disruption to performance and/or service delivery.
- C. Three (3) types of alternative work schedules for employees are optional and requires appropriate approval by the immediate supervisor, HR Director and CEO. Supervisor must ensure adequate continuous coverage at their respective departments.
 - Flexible Work Schedule – is where the employee chooses to flex their schedule where he/she starts the day early or later and leaves early or later so they complete the traditional 9 hours of work time with one-hour lunch. Employee to complete the normal 40-hour work week of Monday thru Friday schedule with the following work hours: 7:00 – 4:00 p.m.; 7:30 – 4:30 pm; 8:30 – 5:30 pm; 9:00 – 6: 00 pm.
 - Compressed Work Schedule – 5/4-9 schedule is where the employee works 80 hours in 9 days. Compressed schedules are available to non-exempt employees only when HR has set the employee's workweek so that no workweek exceeds forty (40) hours worked; otherwise they are limited to exempt employees. ~~Employee works 9-hour days for three (3) days and one (1) day for 8 hours with ½ hour lunches. The following week be a regular 9-hour day for 5 days and allows for one day off bi-weekly. If holiday falls on the normal workday, employee will get the 8-hour holiday pay and use their normal day off on the day before or immediately following the holiday. Adjustment with additional hour will have to use personal time off to equal the actual workday.~~ In one week the employee works four (4) 9-hour days and one (1) 8-hour day; in the next week the employee works four (4) 9-hour days and has one (1) scheduled day off, for 80 hours over nine (9) workdays. Hours are hours worked and do not include an unpaid meal period of at least thirty (30) minutes. If a holiday falls on a 9-hour workday, the employee receives eight (8) hours of holiday pay (HR 303A) and uses one (1) hour of annual leave or, with supervisor approval, makes up the hour in the same workweek. If a holiday falls on the employee's scheduled day off, the employee takes eight (8) hours of holiday time on another workday in the same pay period, as approved by the supervisor.
 - ~~Four ten-day schedule~~ Four-ten schedule – is where the employee works 10-hour days for four (4) days a week (40 hours) with one (1) scheduled day off each week. ~~If holiday falls on the~~



normal workday, employee will get holiday pay to equal (one) 1 day off

~~in the same work week and use personal time off to equal the normal workday to equal the normal 10-hour workday. If holiday falls on non-workday, holiday will be observed immediately following holiday with adjustment with personal time off to equal the actual workday.~~ If a holiday falls on a scheduled 10-hour workday, the employee receives eight (8) hours of holiday pay (HR 303A) and uses two (2) hours of annual leave or, with supervisor approval, makes up the two hours in the same workweek. If a holiday falls on the employee's scheduled day off, the employee observes the holiday on the next scheduled workday under the same rule.

- D. There will be a six-month trial period to assess the impact of the flexible work arrangement. After successful completion of the trial period, the work arrangement will be reviewed at least annually thereafter to ensure continued success. The arrangement may be canceled by the supervisor for non-compliance of policy and/or unsatisfactory work performance. An employee wishing to change or cancel an alternative work arrangement must provide a written notice to the immediate supervisor and HR Director.
- E. Employees must continue to perform above satisfactorily to remain in the alternative work schedule. Supervisor will monitor each employee's performance.
- F. Employees who are not adhering to the alternative schedule and/or negatively affects productivity or efficiency of the work expectations will revert back to the normal work schedule of 8 - 5:00 pm, Monday thru Friday work schedule.
- G. Employee will temporarily change back to normal work schedule during official travel and/or training scheduled for one (1) or more days during a pay period.

POLICY: HR 219	(X) Revision () New	Original Issue Date: 06/01/20 Revised Date: 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Telecommuting	Author: Human Resources	Approval Date: 06/24/20; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 06/25/20; 01/01/21; 07/21/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** It is the policy of NACA to offer employees the option of working from home, or from an alternative location, provided there is a valid business or personal reason to provide such accommodations such an arrangement.
- II. **PURPOSE:** Telecommuting is a program under which employees work at a place other than their traditional workplace on specified days. NACA supports telework to maximize productivity, either by helping to reduce long commutes, increasing job satisfaction, provide flexibility with work and family schedules, and/or for employee safety. ~~No more than 50% of an employees work schedule can be through telecommuting.~~
(This policy applies to work outside of the office for one or more days a week or month on a routine basis. The policy does not apply to temporary or occasional work arrangements such as dependent care, inclement weather, recovery from an illness, or caring for an ill family member.)
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 219A, Telecommuting Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 219A, Telecommuting Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.160.30; ADM.200; HIPAA Security Rule, 45 CFR Part 164, Subpart C.



POLICY: HR 219A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Telecommuting Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 219A — TELECOMMUTING PROCEDURE

- A. An employee or a supervisor can suggest telecommuting as a possible work arrangement. Employees who have been with NACA for 6+ months are eligible to participate on a case-by-case basis. No more than 50% of an employee's work schedule may be telecommuting. Telecommuting is performed in Arizona unless the CEO approves another location in writing. Telework requested as a reasonable accommodation (HR 103) is decided through the HR 103A accommodation process; the service, performance improvement plan, and 50% limits in this procedure do not automatically apply to it.
- B. The employee and supervisor will discuss the job responsibilities and determine if the job is appropriate for a telecommuting arrangement. The Telecommuting Agreement shall be reviewed and signed by all parties prior to commencing with the telecommuting work. Copy will be placed in the employee's personnel file.
- C. Employees will not be allowed to telecommute while on a performance improvement plan (PIP). Job performance must remain satisfactory to remain a telecommuter. The employee's supervisor ~~will issue a verbal warning and~~ has the right to remove any employee from the program telecommuting if participation fails to benefit the company's needs, or if employee performance suffers.
- D. All telecommuting arrangements will be instituted on a trial basis for three (3) months and may be discontinued at any time with proper notice to the supervisor. Telecommuting schedules must be mutually agreed upon by employee and the supervisor for a term of three (3) months intervals.
- E. Employees will select the work schedule with approval by their supervisor and will be required to keep their agreed upon work hours at home. This regular work schedule can be any of the following: 8am - 5pm, 9am - 6pm, or 7am - 4pm, but ideally will follow NACA's normal hours of operation.
- F. Communication and accessibility are critical to making telecommuting work for employees. Employees shall be reachable by either telephone, email, instant messaging (via Microsoft Teams), and/or text messaging.
- G. If unreachable for any reason, the employee shall return missed calls, emails, and messages as soon as possible, preferably within 1-2 hours. While telecommuting, office phones must be forwarded to either the employee's email account for messaging and/or cell phone.
- H. Telecommuters must share their Outlook calendars appropriately, to inform coworkers of their office schedule and telecommuting schedule. Telecommuting schedules should be updated into



Outlook at least one month in advance.

- I. Any equipment provided by NACA to facilitate telecommuting must be protected against damage and unauthorized use. This equipment will be serviced and maintained by NACA's IT Vendor, at no cost to the employee, providing the employee provides the proper level of maintenance, security and protection.
- J. NACA will not be responsible for any costs (such as utilities/internet/home office expenses other than consumables) associated with the use of the employee's residence.
- K. NACA will not be liable for damages to the employee's property resulting from participation in telecommuting program.
- L. Employees will implement safeguards to protect patient records and/or organizational documents from unauthorized disclosure or damage. Safeguards follow NACA's HIPAA privacy and security policies. All records, documents and correspondence must be safeguarded until their return to the NACA office. Employees are expected to maintain their alternate workplace in a safe manner, free from safety hazards.
- M. Performance must remain ~~above satisfactory~~ at or above expectations to remain a telecommuter. Supervisors have the right to remove employees from telecommuting if participation fails to benefit the company's needs, or if personal performance suffers. All telecommuting requests are evaluated on a case-by-case basis, focusing first on the business needs of the organization. Approval is at the discretion of direct immediate supervisor.



POLICY: HR 220	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 10/15/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
New Employee Orientation	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 11/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to complete new employee orientation within the first 30 days of employment to familiarize employees with the mission, vision, culture, position role and organizational structure. NACA believes this is the foundation enabling new employees to better learn their assigned positions and to be more productive and effective employees which establishes the framework for better work relationships.
- II. **PURPOSE:** To provide new employees with an overview of NACA and to ensure new employees are aware of company policies and employment notices as required by law.
- III. **SCOPE:** This policy applies to all newly hired NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 220A, New Employee Orientation Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 220A, New Employee Orientation Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.10; ADM.150; ADM.160; ADM.170.10; IHS/UIO On-Site Review Manual, Human Resources Requirements (initial orientation within 30 days of employment).



POLICY: HR 220A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
New Employee Orientation Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 220A — NEW EMPLOYEE ORIENTATION PROCEDURE

- A. The HR will provide an overview of the organization's history, the Mission, Vision, and Values of the organization.
- B. The HR will review the following items with the new employee:
- Offer Letter (including salary information, FLSA status, start date, and hours of position) and Job Description;
 - Personnel Action Form (PAF);
 - Payroll Schedule;
 - Direct Deposit form with copy of voided check;
 - Check Release Authorization;
 - Health Insurance Marketplace Coverage Options and Your Health Coverage notification;
 - Employee Individual Development/Training Plan to be developed with supervisor;
 - Where to locate the Policy and Procedure Manual with a list of policies which all employees are required to review within the first 30 days and sign an Acknowledgement form;
 - Confidentiality Agreement and Acknowledgement;
 - Professional Code of Conduct;
 - Electronic Communication Agreement;
 - Drug-Free and Alcohol-Free Workplace Policy and Acknowledgement;
 - Cultural information on the populations served by NACA;
 - ~~Instructions for completing the HIPAA~~ Instructions for completing HIPAA training;
 - Internet Systems Security Awareness (ISSA) online trainings;
 - NACA Phone Directory and Organizational Chart;
 - Motor Vehicle Record Request Authorization and/or Defensive Driving course, if applicable; and
 - Safety, health, and wellness programs to ensure a healthy working environment.
 - Infection prevention and control, bloodborne pathogens, exposure control, and sharps injury prevention;
 - Emergency and disaster preparedness, fire safety, and evacuation;
 - Risk management and incident and adverse event reporting (QRM 310); and
 - Patient rights and responsibilities, including advance directives.
- C. The employee will coordinate scheduling Basic Life Support (BLS) Certification if the new employee is not currently certified and it is a requirement of their position as identified in the Job Description.
- D. The hiring supervisor, or HR, will review the following items with the employee:
- Procedure for clocking in/out as related to the position;



- Procedure for requesting leave;
 - Fire and Disaster Plans for applicable facilities;
 - Local Travel Log form;
 - Travel Authorization and Advance Request form;
 - Travel Expense Report;
 - Chain of command;
 - Policy and Procedure Acknowledgement form;
 - Fax cover sheet; and
 - Any other program-specific topics/policies.
- E. Supervisors are responsible for encouraging employees to improve their skills and increase their job knowledge.
- F. Department directors validate initial competency for each patient-care position during orientation (HR 230A). New directors and supervisors also receive orientation to their leadership role and responsibilities.
- G. If the new employee is a Division Director or Program Supervisor, the CFO will review the Program Contract/Grant, funding source, and budget responsibilities with the new employee.
- H. All information reviewed will be documented and signed by the employee, the employee's direct supervisor, and submitted to the HR. This documentation will be kept in the employee's personnel file.
- I. Employees are required to participate in training and development programs when it is considered necessary for satisfactory job performance.



POLICY: HR 221	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 3/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Time and Attendance Standards	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 01/24/17; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is punctuality and regular attendance are essential to the proper operation of any business.
- II. **PURPOSE:** To establish standards for attendance and punctuality in the workplace.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 221A, Time and Attendance Standards Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 221A, Time and Attendance Standards Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 221A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Time and Attendance Standards Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 221A — TIME AND ATTENDANCE STANDARDS PROCEDURE

- A. Employee schedules are created by supervisors. It is the responsibility of the supervisor to provide the employee with his/her schedule. It is the responsibility of the employee to ensure they know when they are expected to work.
- B. NACA is receptive to flexible/alternative work schedules for individuals. All proposals for flexible/alternative work schedules will be reviewed on a case-by-case basis and must be approved in writing by the immediate supervisor and/or the CEO as set out in HR 218A.
- C. If a supervisor needs to make changes to an existing schedule, employees will be provided with as much notice as possible, preferably more than 24 hours in advance.
- D. If an employee needs to request a change in the schedule, 24 hours' notice is requested, when possible. The supervisor has the right to refuse the change of schedule if it is in the best interest of the business needs of NACA.
- E. If an employee is unable to report for work for any reason, he/she must notify his/her supervisor by 8:15 a.m. at least thirty (30) minutes before the scheduled start time. If an employee must leave early, it is the responsibility of the employee to notify his/her supervisor at least 30 minutes prior to departure. Failure to do so may result in the loss of any paid time for that day or some other form of disciplinary action. **disciplinary action.**
- F. If an employee is out of the office for ~~three (3) or more days~~ **three (3) or more consecutive scheduled workdays** due to illness, a medical practitioner's release is required for the employee to return to work.
- G. It is the employee's responsibility to update his/her supervisor on a daily basis when an employee is out of the office due to illness or accident from any cause. If an employee fails to contact his/her supervisor for ~~more than three (3) days, the employee is considered to be Absent without Leave (AWOL). The employee will be removed from payroll and terminated.~~ **for three (3) consecutive scheduled workdays, the employee is considered to have abandoned the job and resigned, as set out in HR 252A.**
- H. If an emergency occurs, it the employee's responsibility to notify their immediate supervisor directly. If their immediate supervisor is unavailable, the employee is responsible for following the chain of command for notification (see Chain of Command policy). Employees who do not properly notify their supervisor, or designee, could be subject to disciplinary action.
- I. NACA uses an electronic time clock. It is the responsibility of the employee to review his/her



timecard to ensure the timecard shows the actual time worked. It is the responsibility of the employee to notify his/her supervisor of any corrections prior to the end of the pay period. It is the responsibility of the supervisor to ensure corrections submitted by the employee are updated in the electronic time clock prior to the end of the pay period.



POLICY: HR 222	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Dress and Personal Appearance	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to present a professional appearance to its clients, patients, visitors, guests, and the community.
- II. **PURPOSE:** To establish guidelines for appropriate work attire and personal appearance.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 222A, Dress and Personal Appearance Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 222A, Dress and Personal Appearance Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 222A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Dress and Personal Appearance Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 222A — DRESS AND PERSONAL APPEARANCE PROCEDURE

- A. Employees are expected to maintain an appropriate appearance including business-casual attire unless otherwise designated by the supervisor. Business-casual is typically slacks or khakis, dress shirt or blouse, open-collar or polo shirt, optional tie or sport coat, dress or skirt at knee level or below, tailored blazer, knit shirt or sweater, loafers or dress shoes that cover all or most of the foot. Fridays are designated as casual dress day where jeans, sport jersey or t-shirts, and athletic shoes can be worn.
- B. Provocative, offensive, or revealing clothes are prohibited, including tank tops, see-through shirts or blouses, ~~and shirts with logos or sayings~~ and clothing with offensive, profane, or political messages. NACA-branded clothing is welcome.
- C. Personal hygiene must be maintained.
- D. Any employee that works with patients and clients must wear closed toed shoes.
- E. Clinical staff may wear scrubs as designated by their department. Cultural and religious attire, hairstyles, and adornments are welcome within safety and infection-control requirements.
- F. Any employee not properly attired for work will be sent home to change. Continued violations of this policy may include disciplinary action up to, and including, termination of employment.

POLICY: HR 223	(X) Revision () New	Original Issue Date: 12/31/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Identification Badges	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is all employees, interns, and volunteers wear company-provided identification (ID) badges while conducting business on behalf of NACA.
- II. **PURPOSE:** To ensure individuals conducting business on behalf of NACA and their roles are easily identifiable to patients, clients, employees, visitors, and guests.
- III. **SCOPE:** This policy applies to all NACA employees, interns, and volunteers.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 223A, Employee Identification Badges Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 223A, Employee Identification Badges Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 223A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Identification Badges Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 223A — EMPLOYEE IDENTIFICATION BADGES PROCEDURE

- A. A picture ID badge and security entry card will be issued to all new employees, interns, and volunteers within two (2) days of the beginning date of employment or volunteer service by the HR.
- B. It is the responsibility of the employee/intern/volunteer to wear their ID badge and security entry card during work hours at their respective work site and/or when representing NACA in the community.
- C. A new ID badge will be issued when an employee/intern/volunteer transfers to another department or has a title change. The ID badge will be provided with an exchange of the old badge.
- D. An ID badge and/or security entry card that are damaged due to normal wear will be replaced with an exchange of the old badge or card.
- E. A lost, damaged or stolen ID badge or security entry card must be reported immediately to the supervisor and Human Resources. After the third time of misplaced or lost badge/ security card, employee will be charged \$5.00 for replacement (paid to HR; not deducted from pay without the employee's written authorization).
- F. ID badges and security entry card are the property of NACA and must be returned to the HR at the end of employment or volunteer service.

POLICY: HR 230	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 03/14/25; 09/22/26 Approved by: Board of Directors
Performance Evaluation and Merit Increases	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 03/19/25; 05/04/25; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 03/20/25; 05/05/25; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to ensure that performance evaluations are carried out consistently, fairly, and effectively, providing valuable feedback for professional growth and organizational improvement. **Evaluations include validation of current competence.**
- II. **PURPOSE:** To establish and maintain a structured and effective performance evaluation to promote open communication, improve job performance, discuss job tasks, identify strengths, development needs for career growth, and align job performance with individual and organizational goals.
- III. **SCOPE:** This policy applies to all full-time and part-time NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 230A, Performance Evaluation and Merit Increases Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its merit increase schedule require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 230A, Performance Evaluation and Merit Increases Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.50; IHS/UIO On-Site Review Manual, Human Resources Requirements (periodic appraisal including validation of current competency).



POLICY: HR 230A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Performance Evaluation and Merit Increases Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 230A — PERFORMANCE EVALUATION AND MERIT INCREASES PROCEDURE

- A. Performance evaluation will be done ~~on a one-time basis~~ **annually** for all full-time and part-time employees. The date for the completion of employee evaluations will be late May of every calendar year. The supervisor shall prepare and complete the evaluation prior to the annual review date.
- B. The supervisor and employee review the job description and establish documented performance objectives and standards.
- C. During the performance period, the supervisor shall provide periodic feedback on performance. When performance is does not meet the established objectives and standards, the supervisor shall document any coaching and training provided for performance improvement in ~~supervision notes~~ **Supervision Records (HR 232)** and if necessary, in a Performance Improvement Plan. The employee is responsible for monitoring and correcting performance.
- D. For new employees, performance evaluations are completed by the supervisor at the end of the employee's 90-day probationary period. The new employee will be eligible for merit pay the following year.
- E. If for any reason the evaluation is not completed by the end of the 90-day probationary period, the employee will automatically be ~~converted to full-time status~~ **converted to regular status**, unless disciplinary action has been initiated (see HR 250). This employee shall be eligible for ~~all benefits pertaining to full-time employment~~ **all benefits of regular status for the employee's classification (HR 215)**. If delayed, benefits will be paid retroactively from the program's account for the eligible employee.
- F. ~~If an employee transfers to a new position, the date of the transfer will be the new evaluation date used for the next annual performance evaluation.~~ **An employee who transfers or completes probation within six (6) months before the annual cycle receives the probationary or transfer evaluation and joins the annual cycle the following year.**
- G. Information derived from performance evaluations is used to determine the employee's eligibility for merit salary increases, promotions, transfers, layoffs, and retention, as well as to identify any training needs of the employee. Supervisors shall follow the following guidelines when evaluating employee performance:
 - Evaluate each employee's performance on the basis of job-related criteria and established goals and objectives.
 - Evaluate each employee on the basis of overall performance since the previous evaluation; do not give too much weight to the most recent events.
 - Maintain a balance between praise and criticism. Be a counselor rather than a judge.



- Keep the Performance Evaluation private and confidential.
 - Schedule the discussion far enough in advance with the employee to give him or her time to prepare. Give the employee sufficient notice to allow for pertinent discussion and revisions when necessary.
 - Allow enough time for the discussion.
 - Use the Performance Evaluation to establish goals for the next period and to encourage improvement.
 - Note deficiencies; suggest steps for improvement.
 - Encourage the employee to talk freely about his or her job; listen attentively, and take the employee's comments seriously.
 - Check the employee's progress, commend improvements made since the previous evaluation, and take the appropriate action when improvement has not been made.
- H. Prior to discussion with the employee, the HR and/or the Program Director shall review the Performance Evaluation to ensure objectivity and fairness.
- I. If an employee receives a rating below standard on the Performance Evaluation, the evaluating supervisor shall provide a specific Performance Improvement Plan for the employee. The improvement plan must have an established deadline for the standard to be met. The supervisor must re-evaluate the employee's performance at the established deadline and discuss with the employee. A copy of the Performance Improvement Plan shall be provided to the employee and the original filed in the employee's personnel file.
- J. During the Performance Evaluation discussion, the employee has the opportunity to discuss concerns, correct inaccuracies, and provide written comments concerning any aspects of the evaluation. If the Performance Evaluation contains ratings the employee feels are unfair or unjustified, and the matter has not been resolved to the employee's satisfaction during the discussion, the supervisor shall provide the employee with a copy of the Employee Grievance Procedure policy.
- K. Merit increases are based on the objective overall score of the Performance Evaluation (see table below). Merit increases are based on funding availability and are not guaranteed. Approved merit increases shall be retroactive to the date the review the annual evaluation due date regardless of when the supervisor completed the review.

Performance Evaluation Score	Percentage Increase
2.7 – 3.0	4%
2.4 – 2.6	3%
2.1 – 2.3	2%
1.8 – 2.0	1%
Lower than 1.8	Not eligible for increase

- L. The employee and supervisor must sign the Performance Evaluation form before submission to the CEO for approval or denial of the supervisor recommendations. A copy of the evaluation is provided to the employee and the original is filed in the employee's personnel file. The employee's performance planning and evaluation are a permanent part of the employee's personnel file.



- M. Competency: Each department director defines the competencies for every patient-care position. Competency is validated during orientation, at least annually, and when job responsibilities change, by an assessor with the education and experience to evaluate it. Results are documented in the employee's file and reviewed in the annual evaluation. When competency is not met, the supervisor documents a remediation plan with a completion date, and the employee does not perform the task independently until competency is validated.
- N. Evaluations of supervisors include how well they meet the supervision standard in HR 232, Employee Supervision.

POLICY: HR 231	(X) Revision () New	Original Issue Date: 04/11/02 Revised Date: 08/14/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Clinical Supervision	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 09/01/14; 07/20/17; 01/01/21; 04/20/23; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide ~~ongoing guidance and supervision to employees, students, volunteers, and interns~~ **clinical supervision to behavioral health clinicians, and to students and interns in clinical roles,** to ensure patients and clients receive optimal quality care and employees feel supported. **General supervision of all employees is governed by HR 232, Employee Supervision.** Employee who are supervised by the BH Director to receive their state independent license will enter into written agreement with NACA to remain employed for a period of two (2) year following the employee receiving their state license.
- II. **PURPOSE:** To establish guidelines for ~~supervision of employees, volunteers, students, and interns~~ **clinical supervision of behavioral health clinicians, students, and interns.**
- III. **SCOPE:** This policy applies to employees, students, volunteers, and interns who receive supervision at NACA, and to the supervisors who provide it.
- IV. **DEFINITIONS:**

Behavioral Health Paraprofessional: An individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures and, if the individual would be required to be licensed as a behavioral health professional under A.A.C. Title 4, Chapter 6; and if the behavioral health services are provided in a setting other than a licensed health care institution, the services provided will be from their immediate supervisor or licensed Behavioral Health Professional.

Behavioral Health Professional: Means an individual licensed under A.R.S. Title 32 whose scope of practice allows the individual to independently engage in the practice of behavioral health or, except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.A.C. Title 4, Chapter 6; under direct supervision as defined in A.A.C. Title 4, Chapter 6, under supervision of the Behavioral Health Director.

Behavioral Health Services: Medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's behavioral health issue.

Behavioral Health Technician: Means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures with clinical oversight by a behavioral health professional.

Clinician: An employee, student, volunteer, or intern providing behavioral health services to NACA



clients

- V. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 231A, Clinical Supervision Procedure, which the Human Resources Director updates operationally without Board re-approval. Employees supervised by the Behavioral Health Director toward independent licensure do so under written agreement, as set out in HR 231A. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- VI. **PROCEDURE:** Operational steps are set out in HR 231A, Clinical Supervision Procedure.
- VII. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.190; BEH.150; IHS/UIO On-Site Review Manual, Human Resources Requirements (supervision of students and postgraduate trainees); Arizona Board of Behavioral Health Examiners rules, A.A.C. Title 4, Chapter 6.



POLICY: HR 231A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Clinical Supervision Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 231A — CLINICAL SUPERVISION PROCEDURE

~~When a qualified candidate accepts an offer of employment with NACA, the HR will schedule a meeting with the candidate in order to provide and receive the following:~~

- A. ~~All employees, students, interns, and volunteers shall receive ongoing guidance and supervision from their immediate supervisor.~~ General supervision of all employees follows HR 232, Employee Supervision.
- B. ~~Supervision may include, but is not limited to, job description clarification, performance feedback, career development, policies and procedures, and any other job related topic needing clarification by either the individual or the supervisor. Supervision shall be documented on the Clinical Supervision Agreement (see HR) and filed in the individual's personnel file.~~
- C. ~~Employee who does not remain employed with NACA for a period of two (2) years after the employee receives their state independent license will be responsible to reimburse NACA at a rate of \$75.00 per hour for clinical hours received at NACA. The reimbursement will be on a sliding scale for the employee to pay 50% after one (1) year of employment and after two (2) years of employment the reimbursement will be forgiven. The employee will pay the total amount due prior to or on the employee's last day of employment. Payment will be arranged with the Finance Department.~~ The agreement is signed before clinical supervision for licensure begins and states the hourly value of supervision, which reflects NACA's documented cost of providing it (currently \$75.00 per hour). If the employee resigns, or is terminated for cause, within two (2) years after receiving the independent license, the employee repays the value of the supervision hours received, reduced by one twenty-fourth (1/24) for each full month worked after licensure. No repayment is owed if NACA ends employment for reasons other than cause, including a reduction in force, or if the employee separates because of death or disability. The employee may pay in full by the last day of employment or under a written payment plan arranged with Finance. Payment terms are set in a signed agreement; amounts are not deducted from final pay without the employee's written authorization. A deduction never reduces a non-exempt employee's pay below minimum wage.
- D. Unlicensed behavioral health clinicians shall receive the minimum hours required of clinical supervision in Arizona, as required in A.A.S. A.A.C. Title 4, Chapter 6. Supervision will be provided by the Behavioral Health Director, or another licensed individual who is licensed within the scope of services provided by the employee. Clinical supervision may be provided in a group setting or individually. Clinical supervision notes shall be documented on the Clinical Supervision Session Note (see HR) and filed in the individual's personnel file, kept in a separate clinical supervision file maintained by the Behavioral Health Director, not in the personnel file, because notes may contain patient information; patient identifiers are limited to the minimum necessary.



- E. Clinical supervision includes, but is not limited to, reviewing and discussing cases, service provision, and records (including short-term services less than 14 days); recognizing and meeting the unique treatment needs of individual clients; reviewing and discussing topics to enhance the clinician's skills and knowledge; and reviewing assessments and treatment plans completed by the clinician.
- F. Independently licensed behavioral health clinicians shall consult with the Behavioral Health Director as needed.
- G. Supervision shall occur following a reportable incident (see QRM Incident Reporting policy) or any instance an individual does not have the knowledge or expertise to treat or refer a patient or client.



POLICY: HR 232	() Revision (X) New	Original Issue Date: 09/23/26 Revised Date: Approved by: Board of Directors
Employee Supervision	Author: Human Resources	Approval Date: 10/21/26 Effective Date: 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) that every employee receives regular, documented supervision from a designated supervisor, and that supervision is carried out in a consistent manner across all NACA departments and sites.
- II. **PURPOSE:** To establish an organization-wide minimum standard for how supervision is assigned, conducted, and documented at NACA, so that every employee has a clear point of accountability and support, and so that supervision informs probationary review, performance evaluation, professional development, and patient and client safety.
- III. **SCOPE:** This policy applies to all NACA employees and to every employee with supervisory responsibility. Clinical staff and candidates for independent licensure also receive clinical supervision under HR 231, Clinical Supervision; where HR 231 and this policy differ, the stricter requirement applies. Supervision of students, interns, and volunteers follows HR 201 and HR 501.
- IV. **DEFINITIONS:**
 - A. Supervisor: The employee designated in the position description and HR record as responsible for directing and supporting another employee's work.
 - B. Supervision Session: A scheduled, individual meeting between a supervisor and an employee that follows the content standards in HR 232A. Team or staff meetings supplement, but do not replace, supervision sessions.
 - C. Supervision Record: The NACA form documenting each supervision session, including topics discussed, agreed follow-up actions, and acknowledgment by both parties.
 - D. Clinical Supervision: Supervision of clinical practice and licensure requirements, governed by HR 231.
- V. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 232A, Employee Supervision Procedure, which the Human Resources Director updates operationally without Board re-approval. Department directors ensure that supervisors in their departments meet this standard. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- VI. **PROCEDURE:** Operational steps are set out in HR 232A, Employee Supervision Procedure.
- VII. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.190.10 (personnel appropriately qualified and supervised); ADM.140.50; IHS/UIO On-Site Review Manual, Human Resources Requirements (staff appropriately qualified and supervised; position descriptions state supervisory authority); HR 113, Chain of Command; HR 214, Probationary



Period; HR 230, Performance Evaluation and Merit Increases; HR 231, Clinical Supervision; HR 250, Disciplinary Action.

POLICY: HR 232A	☐ Revision ☒ New	Original Issue Date: 09/23/26 Revised Date: Owner: Human Resources Director
Employee Supervision Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 232A — EMPLOYEE SUPERVISION PROCEDURE

- A. **Assignment of Supervisor:** Each employee has one designated supervisor, named in the employee's position description and HR record. Human Resources informs the employee of the designated supervisor at hire and during New Employee Orientation (HR 220). When an employee's supervisor changes, Human Resources notifies the employee in writing within five (5) business days.
- B. **Minimum Frequency:** Supervisors hold individual supervision sessions no less often than the following:
 - During the first thirty (30) days of employment: weekly.
 - From day thirty-one (31) through the end of the probationary period (HR 214): every two (2) weeks.
 - After the probationary period: monthly.
 - Supervisors may meet more often based on the employee's role, performance, or request.
- C. **Session Content:** Each supervision session addresses, at a minimum:
 - Workload, priorities, and progress on assigned duties and goals;
 - Performance against the position description, including recognition of strengths;
 - Required training, competencies, and license or certification status (HR 310, HR 314);
 - Safety, patient or client concerns, and incidents;
 - Employee concerns, support needs, and professional development; and
 - Follow-up actions from the prior session.
- D. **Documentation:** The supervisor completes a Supervision Record (Attachment A) for each session within five (5) business days. The supervisor and employee each acknowledge the record in writing or electronically. The employee may add written comments. Supervision Records are kept in the location designated by the Human Resources Director and retained under NACA's record retention requirements.
- E. **Missed Sessions:** A missed session is rescheduled within ten (10) business days, and the reason is noted on the next Supervision Record. When sessions are missed in two (2) consecutive months, the supervisor notifies the department director.
- F. **Connection to Evaluation and Performance Management:** Supervisors review Supervision Records when completing the probationary review (HR 214) and the annual performance evaluation (HR 230). Performance concerns identified in supervision are documented on the Supervision Record and addressed under HR 250, Disciplinary Action, as applicable.
- G. **Change of Supervisor:** When a supervisor leaves a role or an employee is reassigned, the outgoing supervisor provides the incoming supervisor with a written handoff summary of open goals,



follow-up actions, and performance matters, and makes prior Supervision Records available.

- H. **Supervisor Preparation:** Employees hired or promoted into a supervisory role complete training on this policy and procedure within thirty (30) days of assuming the role.
- I. **Clinical Staff:** Clinical staff and candidates for independent licensure also receive clinical supervision under HR 231. A clinical supervision session may satisfy the requirements of this procedure when it also covers the session content in Section C and is documented as required in Section D.
- J. **Monitoring:** Human Resources reviews a sample of Supervision Records quarterly for timeliness and completeness and reports results to the Quality Improvement Committee annually.



Attachment A – Supervision Record

Employee name / position	
Supervisor name / position	
Session date	
Session type	☐ Scheduled ☐ Rescheduled (reason: _____)
Workload, priorities, and progress on goals	
Performance and strengths	
Training, competencies, and license/certification status	
Safety, patient/client concerns, incidents	
Employee concerns, support, and development	
Follow-up actions (owner and due date)	
Status of prior follow-up actions	
Employee comments	
Supervisor acknowledgment / date	
Employee acknowledgment / date	



POLICY: HR 250	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Disciplinary Action	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is rules and regulations regarding employee behavior are necessary for efficiently operating the company and for the benefit and protection of the rights and safety of employees, patients, clients, guests, and visitors. Conduct and/or performance which interfere with NACA operations, bring discredit to the company, or is offensive to employees, patients, clients, visitors, or guests is prohibited and subject to disciplinary action.
- II. **PURPOSE:** To provide guidance when employee performance and/or conduct is not satisfactory.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 250A, Disciplinary Action Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its dismissal procedures require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 250A, Disciplinary Action Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (selection and dismissal procedures).



POLICY: HR 250A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Disciplinary Action Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 250A — DISCIPLINARY ACTION PROCEDURE

- A. Disciplinary action is a means of dealing with an employee's unacceptable conduct and/or performance. The purpose of any disciplinary action is to correct the conduct and/or performance issue, prevent occurrences, and prepare the employee for satisfactory performance in the future.
- B. The immediate supervisor must initiate disciplinary action ~~immediately or within five days of the incident or occurrence~~ within five (5) business days of learning of the incident, or of the conclusion of any investigation.
- C. Disciplinary action will occur in the following order unless the infraction is determined by the supervisor, the HR Department, or the CEO to warrant specific disciplinary action:
 - VERBAL WARNING/ COUNSELING – This is a private discussion between a supervisor and an employee. The supervisor shall document the content of the discussion and the date. The employee will be informed the supervisor is keeping record of the conversation. ~~Such notes may not become part of the employee's personnel record.~~ The supervisor records the verbal warning on the Supervision Record (HR 232A), which the supervisor keeps; it is not placed in the personnel file unless it becomes part of a later written warning.
 - WRITTEN WARNING – A written warning includes the date of violation, the date(s) of any verbal warnings, and a description of the violation and consequences. A copy of the written warning shall be provided to the employee and the original placed in the employee's personnel file with supervisor and employee signatures.
 - EMPLOYEE PERFORMANCE IMPROVEMENT PLAN – An Employee Performance Improvement Plan may be initiated at any step in the disciplinary process to identify specific time frames for performance to be up to standard. The Plan shall be in writing and refer to all situations leading up to the Plan. This plan must be signed by both the supervisor and the employee. Updates and/or adjustments to the Plan shall be in writing.
 - SUSPENSION – An employee may be suspended without pay for a period not to exceed thirty (30) working days as a result of unacceptable conduct or behavior, and/or performance issues.

Reasons and notification shall be issued to the employee in writing and a copy placed in the employee's personnel file with supervisor and employee signatures. Unpaid suspensions of exempt employees are imposed only in full-day increments for violations of written workplace conduct rules, as permitted by federal wage-and-hour law.

- TERMINATION – An employee's employment may be terminated based on the quantity of the infractions and/or the severity. Notification of termination shall be provided to the employee in writing and a copy placed in the employee's personnel file. CEO, or designee, approval is required for terminations.
- D. In all instances of disciplinary action, the supervisor shall advise the employee of his/her rights



under the Employee Grievance Procedure policy.

- E. Management prohibits the following conduct; employees who commit any of the following are subject to disciplinary action up to, and including, termination of employment:
- Unsatisfactory job performance, including repeated failure to achieve specified objectives;
 - Violation of prescribed work rules and/or conditions of employment;
 - Working with an invalid professional license or certificate;
 - Refusing to obey the orders of a supervisor (insubordination);
 - Repeated unauthorized absences, abuses of leave, or failure to observe prescribed worked hours;
 - Negligence or abuse resulting in injury to other employees, patients, or clients, or resulting in serious damage to property or serious waste materials or supplies;
 - Neglect of duty;
 - Failure to work cooperatively with NACA employees, patients, or clients;
 - Making a false statement of any material fact, or practicing any deception or fraud in obtaining or continuing employment;
 - Using profanity or abusive, inappropriate language;
 - Engaging in boisterous or disruptive activity at work (i.e., bullying, use of intimidation);
 - Sexual, or other unlawful and unwelcome harassments;
 - Violating the Professional Code of Conduct;
 - Fighting, or threatening violence in the workplace;
 - Possessing firearms, explosives, or other weapons on company property, except as permitted by HR 425A;
 - Improper or illegal political activity;
 - Misusing NACA property or another employee's property;
 - Stealing, or the theft, inappropriate removal, and possession of NACA property;
 - Unauthorized use of telephones, mail system, or other employer-owned equipment;
 - Falsifying timekeeping records, medical records, reports, and other documents;
 - Punching the timecard of another employee or having another employee punch one's own card;
 - Using alcoholic beverages on company property or reporting to work under the influence of alcohol;
 - Possessing, selling, or using illegal substances while at work;
 - Refusing to be tested if there is reasonable cause to suspect such influence of alcohol or non-prescribed narcotics or drugs;
 - Smoking in prohibited areas (see Tobacco-free Workplace policy);
 - Unsafe work habits or actions;
 - Use of official position for personal advantage;
 - Discrimination against any employee, client, patient, visitor, or guest;
 - Failure to renew or maintain certification, licenses required for the position;
 - Causing or contributing to unsatisfactory working relationships;
 - Violating safety regulations;
 - Failing to report an incident, injury, or hazard as required by QRM 310;
 - Failing to complete required training, licensure, or immunization requirements by their due dates;
 - Violating personnel policies and employment laws; and
 - Unauthorized disclosure of NACA business matters or confidential patient information.



- F. NACA recognizes there are certain types of personnel issues serious enough to justify suspension or, in an extreme situation, immediate termination of employment without going through the progressive discipline steps. NACA reserves the right to make these decisions, and the right to terminate an employee at any time for any or no reason, with or without progressive discipline and/or an Employee Performance Improvement Plan.

POLICY: HR 251	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Grievance Procedure	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to encourage employees to bring concerns or issues about work-related conditions or problems to the attention of management. Employees have the opportunity and right to present these concerns or issues informally or through a formal grievance/dispute procedure.
- II. **PURPOSE:** To provide a procedure for the quick, fair, and consistent resolution of concerns or issues which arise in the NACA workplace.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 251A, Employee ~~Grievance Procedure~~ ~~Procedure~~ ~~Grievance Procedure~~, which the Human Resources Director updates operationally without Board re-approval, except that changes to its grievance steps, timelines, and decision authority require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 251A, Employee ~~Grievance Procedure~~ ~~Procedure~~ ~~Grievance Procedure~~.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (employee grievance procedures); AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 251A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Grievance Procedure Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 251A — EMPLOYEE GRIEVANCE PROCEDURE ~~PROCEDURE~~

- A. Full-time status or part-time status employees may file a grievance. Employees who have not completed the probationary period ~~are not be eligible~~ **are not eligible** to use this policy, unless there has been a violation of federal or state law.
- B. A grievance is defined as employee dissatisfaction with conditions of employment or treatment by supervisory employees. Conditions giving rise to a grievance may include, but are not limited to safety, unfair treatment, disciplinary actions, job classifications, reassignments. **Complaints of harassment, discrimination, or retaliation are investigated under HR 412, and compliance concerns under HR 413, rather than through this procedure or any form of alleged discrimination.** The following matters are exempt from the grievance process:
- Termination during the probationary period;
 - Wages, salaries, and benefits;
 - Schedules;
 - Failure to return from authorized personal leave;
 - Job abandonment;
 - Corporate direction, strategy, or operating decisions, such as the number and assignment of employees;
 - Determination of NACA hours of operation; and
 - Establishment of rules of conduct.
- C. All employee grievances shall be resolved fairly and promptly. Employees seeking resolution of concerns or issues by using established procedures are assured they will not be subjected to discrimination, retaliation, or penalized in any way for their use of these procedures.
- D. Time spent meeting with and discussing grievances with management during working hours is considered hours worked.
- E. INFORMAL COMPLAINT PROCEDURE:
- Any employee may submit his/her complaint to their immediate supervisor, **or to the HR Director if the complaint concerns the supervisor, within ten (10) working days of the occurrence or of when the employee learned of it. The immediate supervisor shall respond within seven (7) working days. The person who receives the complaint shall respond within seven (7) working days.**
 - In the event the aggrieved employee is not satisfied with the informal response, or the answer is not received within seven (7) working days, the employee may initiate the formal grievance procedure. If not resolved, proceed with formal grievance procedure.



F. FORMAL GRIEVANCE PROCEDURE:

- A formal written grievance must be submitted to the employee's immediate supervisor ~~within five (5) working days of the occurrence or incident,~~ within five (5) working days after the informal response is received or due (see Appendix A, Employee Grievance Form). If the grievance concerns the immediate supervisor, the employee submits it to the HR Director instead.
- The immediate supervisor shall respond to the employee's grievance within seven (7) working days. When the grievance concerns the immediate supervisor, the HR Director does not issue a separate response at this step and appoints a Grievance Committee as set out below.
- If the employee is not satisfied with the supervisor's recommendation or the answer is not received within seven (7) working days, ~~the complainant shall forward the grievance to the CEO within five (5) working days,~~ the complainant may forward the grievance to the HR Director within five (5) working days for review by a Grievance Committee.
- ~~If the CEO does not resolve the grievance within seven (7) working days or does not respond within seven (7) working days, the complainant shall forward the grievance to the HR Director.~~
- The HR Director shall appoint a three-member Grievance Committee within five (5) working days of receiving the grievance to hear the employee grievance. The committee members shall be any combination of NACA employees consisting of one member from management, one peer, and one member who is a subject matter expert. No person who is the subject of the grievance or who has a conflict of interest in it may serve on the committee.
- The Grievance Committee has fourteen (14) working days to ~~respond in writing to the employee,~~ review the grievance, meet with the employee and the supervisor, and give a written recommendation to the CEO, with a copy to the employee.
- ~~In all cases, the Grievance Committee decision is final.~~ The Grievance Committee is advisory. The CEO issues a final written decision within seven (7) working days after receiving the recommendation, and the CEO's decision is final. A grievance alleging misconduct by the CEO is handled under AG 321, Responding to Allegations Made Against the CEO. This procedure does not change the at-will employment relationship described in HR 101 and does not create a contract or a promise of continued employment.

G. If the Supervisor, Director or CEO is on approved annual or personal leave in any of the above steps and receives a grievance, the leave time is not counted toward the time frame regarding resolution of the grievance.

H. Final decisions on grievances will not be considered precedent setting or binding on future grievances unless officially stated as NACA policy. When appropriate, the decisions will be retroactive to the date of the employee's original grievance.

I. The Employee Grievance Form (Appendix A) is available from the HR Director. Employees may use the form for an informal complaint and should use it for a formal grievance. A written grievance submitted in another format that contains the same information is accepted.

J. The HR Director keeps a grievance log showing, for each complaint and grievance, the date received, step reached, general subject, whether each response met its time frame, outcome, and date closed. Grievance forms, responses, committee recommendations, and final decisions are kept in a confidential grievance file in Human Resources, separate from the personnel file, for the period set in HR 121A. The HR Director reports grievance counts, general subjects, and timeliness to the



Quality Improvement Committee annually, with no employee names.



HR 251A — APPENDIX A EMPLOYEE GRIEVANCE FORM

Before you file

Use this form for an informal complaint (Step 1) or a formal grievance (Step 2) under HR 251A, Employee Grievance Procedure. **Submit it to your immediate supervisor. If your concern is about your supervisor, submit it to the HR Director instead.**

Deadlines: Informal complaint — within 10 working days of the occurrence or of when you learned of it. Formal grievance — within 5 working days after the informal response is received or due. Request for Grievance Committee review — within 5 working days after the formal response is received or due.

Use a different process for these concerns:

- Harassment, discrimination, or retaliation — HR 412: report to your supervisor, the HR Director, any department director, or the CEO.
- Compliance concerns (fraud, billing, violations of law or policy) — HR 413: report to the QI & Compliance Director or the HR Director; anonymous reports are accepted.
- Concerns involving the CEO — AG 321: report to the Board President or the QI & Compliance Director.

Not grievable under HR 251A: wages, salaries, and benefits; schedules; termination during the probationary period; failure to return from authorized personal leave; job abandonment; corporate direction, strategy, or operating decisions; hours of operation; and rules of conduct. Employees who have not completed the probationary period may file only if there has been a violation of federal or state law.

Your protections: NACA prohibits discrimination, retaliation, or penalty for using this procedure. Time spent meeting with management about your grievance during working hours is paid as hours worked.

SECTION 1 — EMPLOYEE INFORMATION (completed by employee)

Name		Job title	
Department		Work site	
Immediate supervisor		Phone / email	
Probationary period completed?	☐ Yes ☐ No — I am alleging a violation of federal or state law		

SECTION 2 — TYPE OF FILING AND ROUTING

This filing is a: ☐ Step 1 — Informal complaint ☐ Step 2 — Formal grievance ☐ Step 3 — Request for Grievance Committee review	Is your concern about your immediate supervisor? ☐ No — submit to my immediate supervisor ☐ Yes — submit to the HR Director <i>If yes, the HR Director handles Steps 1 and 2 and sends a formal grievance directly to a Grievance Committee.</i>
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SECTION 3 — KEY DATES

Date of the occurrence		Date I learned of it (if later)	
Step 2 and 3 only: date my previous step was submitted		Date I received the response (or “none received”)	



SECTION 4 — YOUR GRIEVANCE		
What the grievance concerns (check all that apply):		
☐ Safety ☐ Unfair treatment	☐ Disciplinary action ☐ Job classification	☐ Reassignment ☐ Other: _____
What happened? <i>(Who was involved, what happened, when, and where.)</i>		
Policy, rule, or condition of employment involved, if known:		
What have you already done to resolve it?		
What resolution are you requesting?		
Witnesses or documents that support your grievance:		
Additional pages attached: ☐ No ☐ Yes — number of pages: _____		

SECTION 5 — EMPLOYEE SIGNATURE			
I submit this grievance in good faith. The information above is true to the best of my knowledge.			
Employee signature		Date	



Distribution: Original to the HR Director. Copy to the employee after each response, the committee recommendation, and the final decision. Approved leave of the person responsible for a step does not count toward that step's time frame (HR 251A §G). Grievances alleging misconduct by the CEO follow AG 321.



SECTION 6 — RESPONSE (immediate supervisor, or HR Director if the concern is about the supervisor)			
Step responded to: ☐ Step 1 — Informal ☐ Step 2 — Formal			
Date received		Response due (7 working days after receipt)	
Response and any action taken:			
Name and title		Signature	
Date of response		Date given to employee	

SECTION 7 — EMPLOYEE DECISION (within 5 working days after the response is received or due)			
☐ I accept the response. My grievance is closed. ☐ I do not accept the response, or no response was received. I request the next step: ☐ Step 2 — Formal grievance ☐ Step 3 — Grievance Committee review			
Employee signature		Date	

SECTION 8 — GRIEVANCE COMMITTEE (completed by HR Director)			
Date HR Director received grievance		Committee appointed by (5 working days)	
Management member			
Peer member			
Subject matter expert			
☐ Confirmed: no member is the subject of the grievance or has a conflict of interest in it.			
Recommendation due to CEO (14 working days)		Date recommendation sent to CEO (copy to employee)	

SECTION 9 — CEO FINAL DECISION			
Date recommendation received		Decision due (7 working days)	
Decision: ☐ Recommendation adopted ☐ Adopted with changes ☐ Not adopted			
Reasons for the decision:			



CEO signature		Date	
Date delivered to employee		<i>The CEO's decision is final.</i>	



POLICY: HR 252	(X) Revision () New	Original Issue Date: 01/13/14 Revised Date: 03/24/14; 03/24/17; 02/21/18; 09/01/20; 08/18/21; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Employee Separation	Author: Human Resources	Approval Date: 07/19/17; 02/21/18; 12/31/20; 10/20/21; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 03/01/18; 01/01/21; 10/21/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide all employees with fair and reasonable conditions of employment at all times. To carry out its business obligations and priorities in the most efficient manner possible, NACA adheres to the principles of employment whereby NACA and employees alike may terminate the employment relationship at any time, for any reason, and with notice with or without cause, and with or without notice.
- II. **PURPOSE:** To recognize conditions may develop which preclude continuous employment, including employee resignation, job abandonment, discharge, or a reduction in force (layoff).
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 252A, Employee Separation Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its separation and dismissal provisions require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 252A, Employee Separation Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (selection and dismissal procedures); AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140; A.R.S. 23-353 and 23-355; A.R.S. 23-372 through 23-374.



POLICY: HR 252A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Separation Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 252A — EMPLOYEE SEPARATION PROCEDURE

- A. **Job Abandonment:** Any employee who is absent from work without notifying his or her immediate supervisor of the reason for the absence is considered to have abandoned the job and to have resigned ~~after the third (3rd) consecutive day of absence~~ **after three (3) consecutive scheduled workdays of absence**. To avoid job abandonment, it is the responsibility of the employee to contact their immediate supervisor. If their supervisor is unavailable, it is the responsibility of the employee to contact the division director or the CEO to explain the reason for the absences. The responsible management official shall record the information provided by the absent employee.
- B. **Resignation:** An employee wishing to leave employment with NACA in good standing shall provide a written resignation letter to their supervisor. The employee must provide a two (2) weeks' notice from the date of the letter ~~and specific reasons for the resignation~~; **reasons may be shared during the exit interview**. A copy of the employee's resignation letter shall be forwarded to the HR for a Personnel Action Form (PAF). If the employee fails to give the mandatory 2 weeks' notice, the employee will not receive payment for unused annual leave hours, NACA will not consider the employee for future employment, and NACA will not provide a professional reference for the employee.

For physicians or mid-level practitioners **(physicians, nurse practitioners, and physician assistants)**, a minimum of a sixty (60) day notice is required. For clinical and behavioral providers **(other licensed clinical and behavioral health clinicians)**, a thirty (30) day notice must be provided. Failure to provide proper notice will result in forfeiture of any accrued annual leave. ~~If the employee fails to give the mandatory notice, the employee will not receive payment for unused annual leave hours.~~

An employee who submits a resignation will be ineligible to request for time off for the remaining workdays to the resignation date ~~unless it is for illness or proof of medical appointment~~, **except that the employee may use accrued sick leave for any purpose permitted by HR 302A, with documentation only as HR 302A allows.**

- C. **Reduction in Force:** NACA strives to avoid the reductions in work force; however, an employee may be subject to a non-disciplinary, involuntary layoff which is typically in connection with reorganization, abolishment of positions, lack of work to be performed, financial shortage due to loss of grants/contracts supporting positions, or other factors influencing employment and positions. It shall be NACA's sole discretion to determine which positions and employees are affected, and it shall be based on the best interests of the company's continuing operations according to a management decision.



- D. **Exit Interviews:** It is important employees schedule and complete an exit interview session prior to their last day. This is an opportunity for the employee to provide feedback to NACA, both positive and negative, regarding their employment experience. The HR will conduct an exit interview prior to the employee's last working day. The exit interview form will be placed in the employee's personnel file.
- E. **Return of Property:** Employees shall return all NACA property immediately upon request or upon termination of employment [keys, cell phone, tablets, ID badge, computer, and equipment]. Where permitted by applicable laws and with the employee's written authorization, NACA may withhold from the employee's check or final paycheck the cost of any items not returned when required. NACA may also take all action deemed appropriate to recover or protect its property.
- F. **Final Pay:** An employee who is discharged or laid off is paid all wages due within seven (7) working days or by the end of the next regular pay period, whichever is sooner. An employee who resigns is paid all wages due no later than the regular payday for the pay period in which employment ended, and by mail if the employee asks (A.R.S. 23-353). HR notifies Finance of the separation date and type on the day it is known.
- G. **COBRA Notices:** The Consolidated Omnibus Budget Reconciliation Act (COBRA) is an extension of group plan health care benefits for those who become ineligible for health care benefits at the time a worker's employment ceases related to a "qualifying event". A notice will be issued by the COBRA Provider to those qualified employees who are participating in the company paid benefits for employees who are terminating employment with NACA. Such coverage may include medical, dental, and vision insurance benefits, but does not include life insurance or disability benefit plans. It will be the responsibility of the employee to elect this COBRA within a period of time specified in the letter.



POLICY: HR 300	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Employee Benefit Programs	Author: Human Resources	Approval Date: 07/19/17; 05/15/18; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 01/24/17; 07/20/17; 05/16/18; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide employees with adequate economic and personal security benefits as part of their employment. NACA benefits have been designed to meet this goal in a fair and equitable manner. NACA protects the interests of benefit plan participants and beneficiaries by making a full disclosure of the employee benefit plan and its administration.
- II. **PURPOSE:** To provide employees with a comprehensive benefit program in order to promote employee well-being and security for employees and their dependents.
- III. **SCOPE:** This policy applies to NACA employees eligible for NACA benefit programs.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 300A, Employee Benefit Programs Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its benefit eligibility and employer contributions require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 300A, Employee Benefit Programs Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales); Employee Retirement Income Security Act, 29 U.S.C. 1001 et seq.; Affordable Care Act employer shared responsibility, 26 U.S.C. 4980H.



POLICY: HR 300A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Benefit Programs Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 300A — EMPLOYEE BENEFIT PROGRAMS PROCEDURE

- A. NACA's benefit program includes the following: health, vision, dental, life insurance, accidental death & dismemberment insurance, option to purchase voluntary supplemental insurance (i.e. additional life, long-term disability, short-term disability, cancer), Health Savings Account, and participation in a 403(b) retirement plan.
- B. Employees who work ~~32 or more hours per week~~ 30 or more hours per week (or, for employees with variable hours, who average thirty (30) or more hours of service per week as measured by HR under the Affordable Care Act) are eligible for health, vision, dental, and life insurance coverage effective the first of the month following 60 days of continuous employment.
- C. All employees who work 20 or more hours are eligible to participate in the 403(b) Retirement Plan beginning the start date of employment. After completion of ~~the 60-day probationary period~~ sixty (60) days of employment, NACA shall match employee contributions at 100% up to 3% of the employee's contributions each payroll period. After two (2) years of continuous employment with NACA, the employee is considered fully vested in the 403(b) Retirement Plan.
- D. The HR is responsible for providing employees with a summary description of their benefit plan, including eligibility, at a minimum annually or in the event a benefit is added, changed, or withdrawn.
- E. Benefit eligibility is dependent upon a variety of factors, including employee classification. Details of these programs and employee eligibility are available through the HR.
- F. Some benefit programs are fully paid by NACA, and some benefit programs require an employee contribution. Life insurance participation is required, and premiums are paid in full by NACA. All other benefit programs are optional. Employee can waive benefits and must sign the NACA Benefit Enrollment and Deduction Form.
- G. Upon written request from any participant or beneficiary, the HR shall provide complete copies of the latest updated summary of the group's benefit plans.



POLICY: HR 301	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 05/16/16; 03/24/17; 09/01/20; 09/01/22; 09/01/23; 09/22/26 Approved by: Board of Directors
Annual Leave	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 12/08/22; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 06/16/16; 07/20/17; 01/01/21; 12/09/22; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide employees with annual leave with pay up to an established limit, which includes all types of leave except those designated separately.
- II. **PURPOSE:** To provide NACA employees time away from work for rest, relaxation and personal pursuits.
- III. **SCOPE:** This policy applies to NACA employees eligible for annual leave.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 301A, Annual Leave Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its accrual rates, carryover limits, and payout rules require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 301A, Annual Leave Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales); AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 301A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Annual Leave Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 301A — ANNUAL LEAVE PROCEDURE

- A. Full-time and part-time employees are eligible for annual leave. ~~Part-time employees accrue two~~ **Part-time employees accrue annual leave at the part-time rates in the table below** (2) hours of annual leave per pay period. Temporary employees are not eligible to earn annual leave.

- B. Eligible employees will accrue annual leave per pay period while employed with NACA. The accrual rates are as follows:

YEARS OF EMPLOYMENT	PT ACCRUED PER PAY PERIOD	HRS ACCRUED PER PAY PERIOD	HRS ACCRUED PER PAY PERIOD (Independent Licensed/Directors)
0 – 3y	2	4	6
3 – 6y	3	6	7
6 – 9y	4	7	8
9 – 12y	5	8	9
12y+	6	9	10

- C. An employee in the probationary period will not be allowed to use annual leave. However, once the probationary period is completed, annual leave accrued during the probationary period will become available for the employee's use.
- D. Management makes every effort to grant annual leave to employees based on their requests. However, the supervisor must provide for adequate staffing levels, and employees should collaborate with their supervisor when scheduling annual leave.
- E. For scheduling purposes, employees shall submit requests for annual leave to the immediate supervisor, or designee, at least two weeks in advance for approval. *Certain circumstances require the request for approval be immediate.*
- F. Annual leave pay for full-time and part-time employees consists of the employee's regular rate of pay for the annual leave period.
- G. Employees do not accrue annual leave during any personal leave without pay. If an employee's status changes from eligible to ineligible, any hours previously credited or earned by the employee shall remain on account and may be used.
- H. If more than one employee requests annual leave within a department, the requests are honored on



a first come, first-serve basis at the discretion of the supervisor. It is the supervisor's responsibility to ensure adequate coverage.

- I. A maximum of 160 hours of annual leave may be carried forward from one calendar year to the next. However, an employee's benefit year may be extended for any significant leave of absence ~~except military leave of absence~~, including military leave. Any unused time above the 160 hours at the end of the calendar year shall be forfeited.
- J. The anniversary date of an employee is used in determining the eligibility date for annual leave. Anniversary dates of employment are adjusted for any leaves without pay totaling more than 30 consecutive days, except military leave, which counts as continuous service (38 U.S.C. 4316).
- K. Upon separation from employment, an employee is paid for any unused annual leave, except as provided in HR 252A for resignations without the required notice. Any employee who does not successfully complete the probationary period will not be paid for any accrued annual leave.
- L. If an employee is laid-off due to non-renewal of a contract and/or grant and the employee is subsequently rehired within six (6) months from the date of lay-off, the annual leave rate of accrual shall be reinstated to the rate at the time of lay-off.
- M. Regarding annual leave for the CEO, the CEO shall obtain prior written approval of requested annual leave (using the appropriate request form) by the Board President or a member of the Board Executive Committee in his/her absence. In those instances when this is not possible, the CEO shall utilize a means of communicating the request for leave to the President or a member of the Board Executive Committee, in his/her absence, via fax or email, then follow up with the necessary approval documentation.
- N. Donation of Annual Leave: Allows for full-time employees to donate annual leave to another full-time employee as paid leave for purpose of medical leave relating to extended illness, emergency, and/or immediate family emergency as defined in HR 302, Sick Leave.
 - The recipient requesting donated leave must have been employed for at least six (6) months and benefit eligible (e.g., ~~thirty-two~~ thirty hours per week) or maintain the employee's bi-weekly pay.
 - Employee requesting donated leave must submit a medical providers statement and duration of leave. Employee must be on an approved leave to use the donated hours. The medical provider's statement is kept in the confidential medical file (HR 121A) and is not shared with donors.
 - The recipients must have exhausted all accrued leave such as sick leave and annual leave balances before being eligible for annual leave donations.
 - Annual leave donation will be calculated in terms of hour for hour, not the value of the rate of the employee donating. The donation should cover the unpaid leave hours expected after leaves are exhausted. Any accrued leave will be used prior to the employee using donated leave.
 - No limit on amount of the donation for the employee requesting from other employees. Unused donated hours will be ~~equally~~ returned to employees who donated annual leave hours if not all used, in proportion to the hours each employee donated, by the end of the first full pay period after the recipient's approved leave ends.



- All donation not specific to a request will be managed accordingly in such cases where the end of the year annual leave carry over will be placed in an employee pool to utilize the next calendar year.
- An employee can donate up to a maximum of 20 hours of annual leave per request and authorize such by completing the leave donation form.
- The Finance Department will be responsible to process the donated hours to the requesting employee's leave account and donating leave account. Finance posts approved hours by the end of the first full pay period after receiving the CEO's approval and notifies the recipient and each donor in writing of the hours posted.
- Employees requesting for donation of annual leave must submit the request form to Human Resources for review with his/her immediate supervisor's approval. Human Resource will review and submit for final approval by the CEO and forward to Finance. Human Resources reviews a complete request and forwards it to the CEO within five (5) working days of receipt, and the CEO decides within five (5) working days. Human Resources notifies the requesting employee in writing of the decision, with the reason for any denial.
- Donation of annual leave can be requested twice within a calendar year for purpose of medical leave as mentioned above.
- Communication. With the recipient's written consent, Human Resources announces that donations are being accepted for the employee, without sharing medical information, and states the deadline for donations. Human Resources notifies each donor in writing when unused hours are returned. Questions about a request go to the HR Director or designee; questions about posted hours go to Finance.



POLICY: HR 302	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 05/15/16; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Sick Leave	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 06/16/16; 07/20/17; 08/30/18; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to compensate eligible full-time and part-time employees during absences for illness or injury up to an established limit. Sick leave benefits are provided for sickness or illness of the employee and immediate family members.
- II. **PURPOSE:** To establish a leave benefit for NACA employees who must be absent from work due to illness or injury.
- III. **SCOPE:** This policy applies to eligible full-time and part-time NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 302A, Sick Leave Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its accrual rates, carryover limits, and permitted uses require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 302A, Sick Leave Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales); A.R.S. 23-371 through 23-381.



POLICY: HR 302A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Sick Leave Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 302A — SICK LEAVE PROCEDURE

- A. All full-time employees are eligible to accrue sick leave at three (3) hours per pay period. Part-time employees will accrue two (2) hours of sick leave per pay period. In every case, an employee accrues at least one (1) hour of sick leave for every thirty (30) hours worked (A.R.S. 23-372). Temporary employees shall accrue at a rate of one (1) hour for every thirty (30) hours worked from the date of employment. Temporary employees may utilize their accrued sick leave hours after the second pay period.
- B. ~~An employee in the probationary period will not be allowed to use sick leave. However, once the probationary period is completed, sick leave accrued during the probationary period will become available for the employee's use.~~ Sick leave accrues from the first day of employment and may be used beginning the 90th calendar day of employment, whether or not the probationary period has ended (A.R.S. 23-372).
- C. Sick leave carries over into the next calendar with a maximum accrual of sick leave is 200 hours. Employees may utilize sick leave in one-hour increments.
- D. Time off without pay ~~during the probationary period~~ before the 90th calendar day of employment may be allowed in the event of illness or injury if properly requested by the employee and approved by the supervisor.
- E. Employees are eligible to use sick leave only when the employee is incapacitated by illness or injury; for disabilities caused or contributed to pregnancy, miscarriage, abortion, childbirth, and recovery there from; for medical, dental or optical examination or treatment, including examinations for military service or disability payments; for necessary care and attendance during illness; or for death of a member of the employee's immediate family defined as a legal spouse, domestic partner, mother, father, brother, sister, child, grandparent, or grandchild, including those relatives acquired through marriage (i.e. "step" and "in-law").
- F. Sick leave may also be used for the other purposes permitted by Arizona's earned paid sick time law (A.R.S. 23-373), including absences related to domestic violence, sexual violence, abuse, or stalking; closure of the workplace or a child's school or place of care by a public official due to a public health emergency; and care of family members as defined in that law.
- G. If an employee is absent for three (3) or more ~~consecutive days~~ consecutive scheduled workdays due to illness or injury, a request for sick leave must be supported by a medical practitioner's statement ~~(including diagnosis and prognosis)~~ (which does not need to state the nature of the illness) indicating:



- The employee was physically unable to perform his or her duties during this period;
 - He or she is physically able to return to work on a specified date;
 - If it is an immediate family member who is sick or injured, a medical practitioner's statement is still required to return to work.
- H. ~~Excessive use of sick leave may be cause for disciplinary action up to, and including, termination of employment. Excessive use of sick leave is defined as having more than six (6) separate incidents of illness or injury during a 12-month period.~~
- I. Use of accrued sick leave for a permitted purpose is not counted as an absence that may lead to discipline. Misuse of sick leave, such as use for a purpose that is not permitted, may be addressed under HR 250.
- J. Employees do not accrue sick leave during any personal leave without pay. If an employee's status changes from eligible to ineligible, any hours previously credited to the employee shall remain on account and may be used.
- K. If an employee is laid-off due to non-renewal of a contract and/or grant and the employee is subsequently rehired within six (6) months from the date of lay-off, the sick leave rate of accrual shall be reinstated to the rate at the time of lay-off.
- L. An employee who separates for any reason and is rehired within nine (9) months has previously accrued, unused sick leave reinstated and may use it immediately (A.R.S. 23-372).
- M. Each paycheck, or a statement provided with it, shows the employee's available sick leave, the sick leave used in the year to date, and the pay received as sick leave (A.R.S. 23-375).
- N. Unused sick leave will not be compensated at the end of the employment relationship.
- O. Sick leave is not granted in advance of accrual.

POLICY: HR 303	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 01/20/22; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Paid Holidays	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 02/16/22; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 02/17/22; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. POLICY:** The policy of NACA is to grant paid holiday time off to full-time and part-time employees who work 20 or more hours per week for the following holidays:

New Year's Day	January 1 st
Martin Luther King Day	3 rd Monday in January
Presidents' Day	3 rd Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19 th
Independence Day	July 4 th
Labor Day	1 st Monday in September
Indigenous Peoples' Day	2 nd Monday in October
Veterans Day	November 11 th
Thanksgiving Day	4 th Thursday in November
The day after Thanksgiving	4th Friday in November
November Friday after Thanksgiving	Christmas Day
	December 25 th
One Floating Holiday during the calendar year	

- II. PURPOSE:** To observe federal recognized holidays and special days according to local practice.
- III. SCOPE:** This policy applies to full-time and part-time NACA employees who work 20 or more hours per week.
- IV. GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 303A, Paid Holidays Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its recognized holidays and holiday pay rules require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. PROCEDURE:** Operational steps are set out in HR 303A, Paid Holidays Procedure.
- VI. REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales).



POLICY: HR 303A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Paid Holidays Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 303A — PAID HOLIDAYS PROCEDURE

- A. Full-time employees receive their regular rate of pay for each recognized holiday. Full-time employees receive holiday pay only for holidays on which they normally would be scheduled to work and only for their regularly scheduled number of hours. Employees on alternative work schedule will be paid for eight hour of the holiday pay and will have to use the additional hours of leave to equal their alternative work schedule hours.
- B. Part-time employees will receive four (4) hours of holiday pay for each recognized holiday. Temporary employees are not eligible to receive holiday pay.
- C. A holiday occurring on a Saturday is observed on the preceding Friday. A holiday occurring on a Sunday is observed on the following Monday. If a recognized holiday falls during an employee's paid absence (i.e., annual leave, sick leave), the employee shall receive holiday pay rather than annual leave or sick leave pay.
- D. Paid time off for holidays are not counted as hours worked for the purposes of determining overtime.
- E. If a non-exempt employee is scheduled to work on a designated holiday, the employee shall be paid at the normal rate for the hours worked plus premium rate of double pay.



POLICY: HR 304	(X) Revision () New	Original Issue Date: 04/16/14 Revised Date: 07/16/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Family Medical Leave Act (FMLA)	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 08/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to comply with the Family and Medical Leave Act (FMLA) related to leaves of absence, eligibility, scheduling and notice, mandatory leave, supplemental leave, benefits during leave, and return rights. This policy only applies when the federal criteria for employers is met:
 - Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer (US DOL WHD Fact Sheet #28).
- II. **PURPOSE:** To promote stability in employment for employees who experience a serious health condition affecting either the employee or eligible family members.
- III. **SCOPE:** This policy applies to NACA employees eligible for leave under the Family and Medical Leave Act when the federal employer criteria are met.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 304A, Family Medical Leave Act (FMLA) Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 304A, Family Medical Leave Act (FMLA) Procedure.
- VI. **REFERENCES:** Family and Medical Leave Act, 29 U.S.C. 2601 et seq.; 29 CFR Part 825.



POLICY: HR 304A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Family Medical Leave Act (FMLA) Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 304A — FAMILY MEDICAL LEAVE ACT (FMLA) PROCEDURE

- A. An employee may request leave from work for purposes of:
 - A birth, adoption or foster care placement of a child;
 - Care for a spouse, eligible child, or parent with a serious health condition; or
 - A serious health condition that renders the employee unable to perform his or her employment duties.
- B. To be eligible for leave under FMLA, an employee must have been employed for ~~more than 12 consecutive months~~ **at least 12 months (which need not be consecutive)** and must have worked at least 1,250 hours in the preceding 12 months, **at a worksite where NACA employs 50 or more employees within 75 miles.**
- C. A leave of absence request must be completed for leave whether paid or unpaid. An employee intending to take leave is required to give advance notice of 30 days when the need for leave is foreseeable. In situations involving leave for a serious health condition, every reasonable effort to schedule medical treatment to not unduly disrupt NACA operations should be made before a leave is considered. A FMLA Employee Application, available at HR, must be completed ~~and approved 30 days in advance or within 15 days calendar days of the event for unforeseeable events~~ **30 days in advance when the need for leave is foreseeable, or as soon as practicable when it is not.**
- D. NACA shall pay their portion of medical benefits while an employee is on approved Family and Medical Leave. During the leave period, the employee must continue to pay their usual respective portions of the premium. Finance shall ensure the health insurance premium cost is fully paid.
- E. An employee requesting FMLA must provide medical certification indicating a serious health condition exists and provide additional information as requested. A serious health condition means an illness, injury, impairment, or condition involving:
 - In-patient care in a hospital, nursing home, or hospice; or
 - Outpatient care requiring continuing treatment and supervision by a health care provider.
- F. Under the law eligible employees are entitled to the following types of leave of absence:
 - An employee may take up to 12 weeks of leave in a rolling 12-month period (measured from the beginning of the leave) for the birth of the employee's natural child or the placement of a child with the employee for adoption or foster care. This may also include time needed prior to the birth of a child due to pregnancy complications.
 - An employee may take as many as 12 weeks of family leave in a 12-month period to care for his or her child, spouse, or parent with a serious health condition.
 - An employee who has a serious health condition rendering the employee unable to perform his



or her duties may take medical leave as many as 12 weeks in a 12-month period.

- G. The FMLA permits employees to take intermittent leave or to work a reduced schedule under certain circumstances up to 12 weeks within a rolling 12-month period (measured from the beginning of the leave). See eligibility guidelines of FMLA, required forms must be completed and approved prior to taking the leave.
- H. Eligible employees may also take FMLA leave for qualifying exigencies related to a family member's military deployment, and up to 26 weeks in a single 12-month period to care for a covered servicemember with a serious injury or illness, as provided in 29 CFR Part 825.
- I. Documentation from a medical provider shall be required prior to authorization of FMLA for any employee in accordance with state and federal law.
- J. Employees shall use Annual Leave and Sick Leave accrued while on approved FMLA. When leave balances have been exhausted, benefit accrual, such as annual leave, sick leave, and holiday pay shall be suspended. Accrual shall resume upon return to active employment. Time on military leave counts as continuous service for seniority, leave accrual rates, and retirement plan vesting and contributions (38 U.S.C. 4316, 4318).
- K. Employees who return to work within 12 weeks or less are returned to their same position, or an equivalent one. However, ~~employees must submit~~ returning from leave for their own serious health condition must submit a release to return to work from their healthcare provider before they will be allowed back to work.
- L. If an employee does not meet the eligibility requirements for FMLA, but needs time off because of a serious medical condition, NACA may grant up to 45 days of unpaid leave, but job reinstatement is not guaranteed (see Personal leave Without Pay policy); the one-year service requirement in HR 307A does not apply to this medical leave. When this leave is granted as a reasonable accommodation, the duration and return-to-work rights in HR 103A apply instead.



POLICY: HR 305	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Military Leave and Military Service	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to grant military leave to eligible employees who are members of the United States Armed Forces and are required to attend annual military training encampment with the United States government or any political subdivision thereof or are called to active military duty.
- II. **PURPOSE:** To comply with federal laws pertaining to the national defense.
- III. **SCOPE:** This policy applies to eligible NACA employees who are members of the United States Armed Forces.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 305A, Military Leave and Military Service Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 305A, Military Leave and Military Service Procedure.
- VI. **REFERENCES:** Uniformed Services Employment and Reemployment Rights Act, 38 U.S.C. 4301-4335; 20 CFR Part 1002.



POLICY: HR 305A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Military Leave and Military Service Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 305A — MILITARY LEAVE AND MILITARY SERVICE PROCEDURE

- A. Full-time and part-time employees are eligible for military leave.
- B. One 15-calendar-day period of military training leave is granted annually.
- C. In the event the military training leave is optional, the employee is allowed to use annual leave or unpaid leave time for this purpose as long as the leave has been approved by the employee's supervisor.
- D. Active military service entered directly from NACA employment may result from:
 - Being drafted, to attend scheduled drills or training assignment.
 - Being ordered to active duty, or active duty for training when on reserve status. An individual returning from military service will be rehired into the former position or into a job of similar status and like pay if eligibility criteria are met pursuant to federal and state law.
- E. If an employee is inducted into active military service for the United States Armed Forces or is called from a Reserve or National Guard unit into active duty, or if emergency duty is declared by the proper authority of the state, then the employee is placed on military leave without pay.
- F. Military leave without pay is granted for the duration of active military service, not to exceed five years, plus 90 days from the date of discharge. Extensions are granted if an employee is required to serve a longer period of time involuntarily because of war or national emergency.
- G. Benefit accruals, such as annual leave and sick leave or holiday pay benefits are suspended during the leave and shall resume upon return to active employment.
- H. Employees must complete an application for return from military leave without pay within 90 days from the date of discharge from military service. For service of 180 days or less, the shorter application deadlines in USERRA apply.
- I. ~~A return from military leave without pay is conditional upon submitting a certificate of satisfactory completion of military service.~~ For service of more than thirty (30) days, the employee provides, on request, documents showing that the application for reemployment is timely, the length of service, and a discharge that does not disqualify the employee, if such documents exist and are readily available. Reemployment is not delayed while documents are obtained (20 CFR 1002.121-1002.123).
- J. Failure to apply for a return to employment from military leave without pay within the time limit



previously stated is considered a resignation is handled under NACA's attendance and separation policies, consistent with USERRA.

- K. A written request form must be submitted to the employee's supervisor at least two weeks in advance, indicating the starting and ending date of the military training leave. To receive this benefit, the employee must furnish a copy of his or her military orders signed by an authorized military officer.
- L. The length of military training leave granted to an employee depends on his or her military orders, not to exceed 15 calendar days annually.
- M. If an employee is disabled while on military training leave or military leave with pay, and rendered incapable of performing the duties of the position previously occupied, the employee is offered the best available position for which he or she qualifies, providing the employee reapplies within the previously stated time limit.

Uniformed Services Employment and Reemployment Rights Act of 1994
(USERRA 38 USC 4301-43344301-4335)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA prohibits employers from discriminating against past and present members of the uniformed service and applicants to the uniformed services.

USERRA provides for re-employment rights; right to be free from discrimination and retaliation; health insurance protection and enforcement. Questions regarding rights under USERRA may be addressed to the NACA HR. Detailed eligibility guidelines are available on the Internet at: <http://www.dol.gov/vets/program/userra>.



POLICY: HR 306	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 04/16/14; 03/24/17; 04/09/20; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Administrative Leave	Author: Human Resources	Approval Date: 07/19/17; 04/15/20; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 05/13/16; 07/20/17; 04/16/20; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to grant paid time off from work for limited periods of time to meet civic responsibilities, such as court leave and voting, or for reasons personal to the employee such as bereavement or to meet breastfeeding responsibilities, or due to closure of the company classified as administrative leave.
- II. **PURPOSE:** To allow NACA employees classified as full-time or part-time to meet certain responsibilities, or tend to urgent personal matters, or due to office or organizational closure in certain situations or mandated order for administrative reasons.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 306A, Administrative Leave Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its paid leave amounts and eligibility require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 306A, Administrative Leave Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies (salary and benefit scales); Fair Labor Standards Act, 29 U.S.C. 218d; A.R.S. 16-402; A.R.S. 21-236; 29 CFR 541.602.



POLICY: HR 306A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Administrative Leave Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 306A — ADMINISTRATIVE LEAVE PROCEDURE

- A. Jury Duty and Witness Leave (or Court Leave): Court leave is paid leave when an employee is summoned to report for jury duty to any federal, state, tribal or municipal court, or when they are subpoenaed to testify as a witness in any criminal or civil matter on behalf of federal, tribal or state governments or any political subdivision thereof.
- Full-time employees who submit a jury summons from a federal, state, tribal, or municipal court, or who submit a subpoena to testify as a witness concerning NACA business, shall be granted court leave with full pay, up to a maximum of 5 workdays, to serve in that capacity. After five (5) workdays, a non-exempt employee may use annual leave or unpaid leave. An exempt employee who performs any work in a workweek receives full salary for that week, less any jury fees received for that week (29 CFR 541.602(b)(3)).
 - At the conclusion of such duty, a signed statement from the clerk of the court or other evidence showing the actual time of attendance must be turned in to the immediate supervisor. During the time employees are on court leave, they continue to receive their regular pay and benefits, but must remit to NACA compensation received for jury duty. (Checks received for jury duty must be remitted to Finance)
 - In the event an employee is required to appear in court as a witness in a civil or criminal matter, but not in the employee's official capacity and not on behalf of a governmental agency, administrative leave is not authorized, and the employee will be required to use his/her annual leave.
- B. Bereavement Leave: Paid time off may be granted in the event of the death of an immediate family member defined as a legal spouse, domestic partner, mother, father, brother, sister, child, foster child, grandparent, or grandchild, immediate uncle/aunt (mother or father's brother and sister and their children), including those relatives acquired through marriage (i.e., "step" and "in-law").
- This paid time off work is used to attend memorial services for the deceased family member.
 - NACA may grant up to four (4) consecutive days paid leave for in-state travel and up to two (2) additional days (a total of six (6) days) consecutive days' paid leave for out-of-state travel.
 - Should additional time be needed, the supervisor may approve the use of annual leave, sick leave, or personal leave without pay.
 - All leave in this section requires prior supervisor's written approval. Supervisor approval, which may be given after the employee's notice when the death is unexpected. Employees shall notify their supervisor immediately upon learning of the death so proper arrangements can be made during the employee's absence
 - Employees may use annual leave or personal leave without pay for additional time needed for traditional or ceremonial mourning practices.
- C. Voting Leave: An employee who is a registered voter on the day of election may use one (1) hour



with pay for the purpose of voting. This time must be coordinated with the employee's immediate supervisor.

- ~~Approval can be obtained by providing the supervisor with a valid voter's registration card for release and voter's receipt upon return to work.~~
- State of Arizona law requires a three-hour window of opportunity for voting. ~~With supervisor approval, the employee may use annual leave up to two (2) additional hours, if needed.~~ If an employee's schedule does not allow three (3) consecutive hours to vote while polls are open, NACA provides the time needed as required by A.R.S. 16-402 without loss of pay.

D. Breastfeeding: The goal of NACA is to support the working mother in her decision to breastfeed. Employees who want to breastfeed their infants at work will have the opportunity to do so. The following procedures shall be followed during this period:

E. Lactation breaks and space: Every nursing employee, regardless of probationary status, receives reasonable break time and a private space, other than a bathroom, that is shielded from view and free from intrusion to express breast milk for one (1) year after the child's birth, as required by federal law (29 U.S.C. 218d). The infant-at-work provisions below are a separate, optional program.

- Mothers who intend to breastfeed and want to bring the infant to work with them may request permission from their immediate supervisor prior to leaving on maternity leave. Only those who have completed their 90-day probationary period are eligible.
- Babies may be allowed to be breastfed at work until four months of age. Formula fed babies are not included in this policy. The infant will remain with the mother during working hours. The employee will make arrangements with her immediate supervisor regarding the feeding schedule. After four (4) months infants may be allowed to be breastfed at work until one (1) year of age, however, they will not be allowed to remain in the workplace between feedings.
- NACA will not assume responsibility for any illness or injuries that the employee's infant may develop or sustain during travel to and from work and while at the worksite. The mother must sign a Breastfeeding Release Form. ~~See Appendix I. A copy of a release form will be provided.~~ The release form is available from HR.
- The infant will not be allowed on home visits.
- The employee will be responsible for providing equipment and accessories such as a car seat and a baby carrier. Depending on space, these items need to be kept to a minimum.
- This policy may be terminated by NACA at any time at the discretion of the immediate supervisor, Division Director or CEO, if the employee's job performance, productivity, and quality of work are adversely affected or if workflow and/or other NACA activities are disrupted.
- An employee can request a room that is secure to breastfeed their infant if no private office space is available.

F. Company Closure due to inclement weather, emergency, or public health epidemics. NACA offices may close due to inclement weather, bomb threats, and intolerable working environment due to loss of electricity, water, heat or air conditioning and any public health epidemic orders issued by local, state, or federal.

- If the CEO, or designee, declares an early closing, full-time and part-time employees are excused and placed on administrative leave for the remainder of their shift. This also applies for delayed opening.



- If NACA declares a full facility closing, full-time and part-time employees do not report to work and receive administrative pay for their scheduled shift. Temporary employees are not eligible.
- The CEO will determine the snow delay for opening and early closing including snow day for complete office closure during the winter months.
- If employee does not have internet access at home, it will be employee's responsibility to establish a means to get this information, i.e., call a pre-identified employee/supervisor that does have access to the internet.
- If employee does not feel safe coming to work and is not an "essential" employee, the employee must obtain permission from his/her supervisor to use PTO **annual leave** and stay home.
- "Essential" employee for NACA is defined as a medical or behavioral health provider who needs to be available to provide essential medications, treatment, or crisis services, and all necessary "essential" support staff to carry out clinic operation. It is essential to be on site in order to facilitate clinic operations.

G. Administrative Leave: An employee may be placed on administrative leave for pending investigations or operational issues. ~~Administrative leave can be leave with or without pay not to exceed 20 days.~~ **Administrative leave pending an investigation or for operational issues is paid and does not exceed twenty (20) working days unless the CEO extends it in writing. Any unpaid time results only from a disciplinary decision under HR 250 after the investigation.** In case of public health epidemics or shelter in place directives, the amount of administrative leave is not subject to the 20-day maximum.



POLICY: HR 307	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Personal Leave of Absence (Without Pay)	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to grant eligible employees unpaid personal leave of absence when it is in the best interests of the employee and the business needs of NACA.
- II. **PURPOSE:** To provide employment security in situations when NACA employees take a leave of absence due to urgent personal needs.
- III. **SCOPE:** This policy applies to eligible NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 307A, Personal Leave of Absence (Without Pay) Procedure, which the Human Resources Director updates operationally without Board re-approval, except that changes to its eligibility and duration rules require Board approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 307A, Personal Leave of Absence (Without Pay) Procedure.
- VI. **REFERENCES:** HRSA Health Center Program Compliance Manual Ch. 19 (Board Authority), personnel policies; AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 307A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Personal Leave of Absence (Without Pay) Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 307A — PERSONAL LEAVE OF ABSENCE (WITHOUT PAY) PROCEDURE

- A. Unpaid personal leave of absence may be granted to full-time and part-time employees who have completed at least one (1) continuous year of service. The one-year service requirement does not apply to unpaid medical leave under HR 304A for employees not eligible for FMLA, or to leave granted as a reasonable accommodation under HR 103. Temporary employees are not eligible.
- B. NACA shall make every effort to grant a leave of absence request when it is properly justified and in the best interests of the employee and the business needs of NACA.
- C. Annual and Sick Leave are **not** accrued during the time an employee is on personal leave.
- D. Each request shall be considered on a case-by-case basis. Granting of personal leave is not automatic. All requests must be submitted in writing to the employee's immediate supervisor, including the reason(s) for the requested leave and a plan as to how the employee's duties are to be covered during the period of absence.
- E. The supervisor forwards the leave of absence request to the HR for review and routing to the CEO with a recommendation for approval or disapproval. The CEO makes the final decision concerning the request.
- F. Management considers the staffing needs of NACA first, and then reviews the work and employment record of the employee in determining whether to grant a leave of absence request.
- G. As a standard rule, a personal leave of absence shall not be granted for more than 45 days. Extensions of a personal leave of absence beyond 45 days are granted only in extenuating circumstances. Leave granted as a reasonable accommodation under HR 103 is not subject to the 45-day standard and follows the duration and return-to-work rights in HR 103A.
- H. Requests for a leave of absence or an extension of leave must be submitted to the supervisor at least 30 days prior to the start of the leave period, unless an emergency occurs.
- I. If a personal leave of absence is granted, every reasonable effort will be made to return the employee to the same position, if it is available, or to a similar available position for which the employee is qualified. However, NACA cannot guarantee reinstatement in all cases.
- J. If the employee fails to return to work at the conclusion of an approved personal leave of absence, the leave is cancelled, and employment is terminated. The effective date of termination is the last day worked.



- K. Subject to the terms, conditions, and limitations of the applicable plan, NACA shall continue to pay benefits the employee previously received until the end of the first full month after the personal leave of absence began. Employees may make arrangements to pay for their own medical insurance and other eligible benefits premiums during an approved personal leave of absence, if it goes beyond the eligibility month.

POLICY: HR 310	(X) Revision () New	Original Issue Date: 03/10/14 Revised Date: 10/15/14; 03/24/17; 09/01/20; 09/01/23; 04/01/24; 09/22/26 Approved by: Board of Directors
Mandatory Annual Employee Training	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 04/17/24; 10/15/25; 10/21/26 Effective Date: 11/01/14; 07/20/17; 01/01/21; 10/10/23; 04/18/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA to provide mandatory annual training on specific, identified topics to each employee.
- II. **PURPOSE:** To ensure NACA provides mandatory annual training for employees to maintain an effective, efficient work performance and licensing standards of performance.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 310A, Mandatory Annual Employee Training Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 310A, Mandatory Annual Employee Training Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.150; ADM.160; ADM.170.20; IHS/UIO On-Site Review Manual, Human Resources Requirements (annual mandatory education); OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030(g)(2).



POLICY: HR 310A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Mandatory Annual Employee Training Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 310A — MANDATORY ANNUAL EMPLOYEE TRAINING PROCEDURE

- A. The following trainings are required annually of all NACA employees:
- HIPAA, Confidentiality and Privacy
 - Internet Systems Security Awareness (ISSA)
 - Sexual and Other Harassment
 - Emergency Preparedness
 - Workplace Safety
 - Ethics & Professional Code of Conduct
 - Risk Management/Incident Reporting
 - Compliance (Fraud, Waste & Abuse)
 - Suicide Awareness (safeTALK and ASIST per HR 419A)
 - Cultural Sensitivity
 - Blood Borne Pathogens
 - Infection Prevention and Control
 - Fire Safety, Fire Extinguisher Use, and Evacuation
 - Patient Rights and Responsibilities, including Advance Directives
 - Medication Management and Pain Assessment (patient-care staff)
 - CPR/Basic Life Support (staff whose job description requires it)
- B. A signature list of participants shall be maintained for each training by HR. Employees unable to attend the annual training shall be provided with an opportunity to make-up the training. It is the responsibility of the employee to ensure the training is received if unable to attend the annual training. Supervisors are required to monitor completions. Training is tracked in NACA's learning management system and completed by the due date HR sets each year; training not completed by the due date is addressed under HR 250.
- C. Training may be offered in an online format.
- D. Supervisors are required to complete the following mandatory annual trainings:
- Hiring and Selection
 - Performance Evaluation and Supervision
 - Employee Discipline and Separation
 - Wage, Hour, & Labor Law



POLICY: HR 311	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 10/15/14; 03/24/17; 04/11/19; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Training and Development	Author: Human Resources	Approval Date: 07/19/17; 04/17/19; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 11/01/14; 07/20/17; 04/18/19; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to conduct training and development programs for employees to enhance their job knowledge and skills. Training can take a variety of forms, such as formal classroom training, informal workshops, professional/trade association seminars, webinars, conferences and programs, vendor training programs, clinical competencies, continuing education, and in-service sessions and on-line courses ~~through the HealthStream Learning Center~~ **through NACA's learning management system.**
- II. **PURPOSE:** To encourage employees to improve their skills and increase their job knowledge; and to facilitate individualized career development and training of each employee and to ensure staff competency on an annual basis.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 311A, Employee Training and Development Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 311A, Employee Training and Development Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.170.30; ADM.180; IHS/UIO On-Site Review Manual, Human Resources Requirements (ongoing education).



POLICY: HR 311A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Training and Development Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 311A — EMPLOYEE TRAINING AND DEVELOPMENT PROCEDURE

- A. During New Employee orientation, all new employees are provided an Employee Training/Career Development Plan form from the HR. In collaboration with the new employee's supervisor, the form is completed during the 90-day probationary period and returned to the HR. Probationary employee are not eligible for training outside the local area until after successful completion of 90-day probationary period. Exceptions to this requirement must be approved by the respective Director and/or the CEO.
- B. The Training/Career Development Plan is reviewed and updated at a minimum annually by the employee in collaboration with their supervisor.
- C. Continuing education is important to the organization and the development of its employees. Requests for training and conference/seminar must have appropriate approvals based on the availability of funds and the training content relative to employee's position at NACA.
- D. Employees are required to participate in training and development programs when it is considered necessary for satisfactory job performance and/or in combination with the Employee Performance Improvement Plan.
- E. Training Request and Travel Authorization forms must be completed for offsite conferences/seminars and approved by the employee's supervisor and Department Director. If the Travel Authorization form is approved, the employee or supervisor must obtain CFO and CEO's approval and submit the form to Finance according to the required timeliness as outlined in Finance Policy FIN 810.
- F. Employee training may be used to attend conferences, webinars, and meetings which qualify for continuing education credits (CEUs) for the employee's degree, licensing, or certification program related to the employee's current or future job requirements within NACA.
- G. Employees who are on disciplinary action are not eligible to attend training during that time period attend optional offsite training during that time period; required training and training under a Performance Improvement Plan continue.
- H. NACA has the sole discretion to determine whether a course relates to an employee's current job duties or a foreseeable future position.
- I. NACA cannot guarantee participation in formal education or advance training will entitle the employee to automatic advancement, a different job assignment, or a pay increase.



POLICY: HR 312	(X) Revision () New	Original Issue Date: 04/01/24 Revised Date: 09/22/26 Approved by: Board of Directors
Staff Continuing Education in Primary Care and Behavioral Health Settings	Author: Human Resources	Approval Date: 04/17/24; 10/15/25; 10/21/26 Effective Date: 04/18/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** It is the policy of Native Americans for Community Action, Inc. (NACA) to support and encourage continuing education for all healthcare professionals working in primary care and behavioral health settings.
- II. **PURPOSE:** The purpose of this policy is to ensure that healthcare professionals working in primary care and behavioral health settings have access to ongoing education and training to maintain and enhance their knowledge, skills, and competencies.
- III. **SCOPE:** This policy applies to healthcare professionals working in NACA primary care and behavioral health settings.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 312A, Staff Continuing Education in Primary Care and Behavioral Health Settings Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 312A, Staff Continuing Education in Primary Care and Behavioral Health Settings Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.180.20; IHS/UIO On-Site Review Manual, Human Resources Requirements (ongoing education).



POLICY: HR 312A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Staff Continuing Education in Primary Care and Behavioral Health Settings Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 312A — STAFF CONTINUING EDUCATION IN PRIMARY CARE AND BEHAVIORAL HEALTH SETTINGS PROCEDURE

A. Continuing Education Requirements:

- All healthcare professionals are required to participate in continuing education activities to maintain and enhance their knowledge and skills relevant to their respective roles in primary care and behavioral health settings.
- The specific continuing education requirements for each profession will be determined in accordance with the respective regulatory bodies, professional organizations, and accreditation standards.

B. Support for Continuing Education:

- NACA will provide support for continuing education activities, which may include financial assistance as NACA funds allow, time set aside for educational purposes, access to educational resources, and opportunities for professional development.
- Healthcare professionals are encouraged to pursue a variety of educational activities, including but not limited to workshops, conferences, seminars, webinars, online courses, and self-study programs.

C. Integration of Evidence-Based Practices:

- Healthcare professionals are expected to integrate evidence-based practices and the latest advancements in primary care and behavioral health into their clinical work.
- Ongoing education should focus on topics such as new treatment modalities, emerging therapies, best practices in patient care, cultural competency, trauma-informed care, and the integration of physical and behavioral healthcare.

D. Tracking and Documentation:

- ~~NACA will establish a system for tracking and documenting the continuing education activities completed by healthcare professionals.~~ HR tracks and documents continuing education completed by healthcare professionals in NACA's learning management system.
- Healthcare professionals are responsible for maintaining records of their continuing education credits and providing documentation as required for licensing, certification, and credentialing purposes.

POLICY: HR 313	(X) Revision () New	Original Issue Date: 05/18/16 Revised Date: 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Employee Travel	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 05/18/16; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to allow and encourage employees to travel for official business, training, conferences and meetings and for liability purposes.
- II. **PURPOSE:** To establish procedures for employees who are required to travel and identify the approved travel time during normal work hours and/or non-work hours.
- III. **SCOPE:** This policy applies to NACA employees who travel for official business, training, conferences, and meetings.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 313A, Employee Travel Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 313A, Employee Travel Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.130; 2 CFR 200.475; 29 CFR 785.35-785.41.



POLICY: HR 313A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Employee Travel Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 313A — EMPLOYEE TRAVEL PROCEDURE

- A. Travel time is the hours of travel required for an employee during the normal work hours and/or non-work hours. The non-work hours are defined as actual hours worked outside the normal work week including weekend. All travel must have prior approval by the immediate supervisor and authorized personnel.
- B. For non-exempt employees, travel time is counted as hours worked under federal wage-and-hour rules (29 CFR 785.35-785.41): (1) the normal commute between home and the usual work site is not work time; (2) travel between work sites during the workday is work time; (3) on a one-day trip to another city, travel time is work time, except the employee's normal commute time; (4) on an overnight trip, travel during the hours that match the employee's normal work hours is work time on any day of the week, including weekends, while time as a passenger outside those hours is not; (5) driving a vehicle at NACA's direction, and any work performed while traveling, is work time; and (6) meal periods and off-duty time at the destination are not work time.
- C. The employee must indicate the initial start and end time on the Travel Authorization and Advance Request Form and Trip Expense Report as required in the Finance Policy. The total travel time identified by the employee and immediate supervisor will allow Finance to calculate the total travel time and cost for the authorized travel.
- D. The non-exempt employee will receive overtime pay for actual hours worked over forty (40) per work week. Overtime will be paid one and one-half times the regular rate of pay. For exempt employee, the actual hours worked outside of normal work week will be considered flex time. Flex time off is time off for hours required outside of the normal work week including weekend.
- E. Supervisor must verify actual work week hours for non-exempt employee and approve overtime time hours that exceed the forty (40) hours. For exempt employee, the employee must receive approval and arrange with the immediate supervisor to utilize the flex time. Arrangement is crucial for proper work coverage so there is no interruption or halt of work.
- F. The overtime pay must be paid on the next payroll following the overtime earned. Flex time must be used within two (2) pay period from the date of the employee's travel.

POLICY: HR 314	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Licensing and Certification Reimbursement	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to assist employees with ongoing licensing and certification fees which are required by their position.
- II. **PURPOSE:** To retain licensed and certified employees by assisting with ongoing licensing and certification fees.
- III. **SCOPE:** This policy applies to NACA employees whose positions require a license or certification.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 314A, Licensing and Certification Reimbursement Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 314A, Licensing and Certification Reimbursement Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.20; ADM.180.



POLICY: HR 314A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Licensing and Certification Reimbursement Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 314A — LICENSING AND CERTIFICATION REIMBURSEMENT PROCEDURE

- A. As funds are available, NACA may assist employees with up to 50% of the cost of fees associated with renewals of licenses and certifications required by the employee's current position.
- B. Zero reimbursement of the cost of fees associated with renewals of licenses and certification will be provided to an employee who is not satisfactorily performing their job duties.



POLICY: HR 320	(X) Revision () New	Original Issue Date: 01/22/14 Revised Date: 03/24/17; 09/01/20; 09/01/23; 08/13/26 Approved by: Board of Directors
Employee Wellness Program	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 08/19/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 08/20/26 Annual Review Date: 08/19/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to promote and support employee wellness through the Working on Wellness (WOW) Program and the NACA Wellness Center. NACA is committed to encouraging activities that contribute to overall employee wellness to the extent permitted by law and available resources. All individuals who access the NACA Wellness Center under this policy — including employees and any approved employee “+1” participant — are subject to the same health-risk screening, membership, waiver, and risk-acknowledgment requirements applicable to every other Wellness Center user, in order to protect both the participant and NACA.

II. PURPOSE: To recognize the importance of employee wellness; establish a framework for promoting wellness for the benefit of NACA employees; identify the resources used to promote employee wellness; and ensure that use of the Wellness Center under this benefit is subject to consistent safety and risk-management measures across all Wellness Center users.

III. SCOPE: Applies to all NACA employees and to any approved employee “+1” participant. For purposes of this policy, “employees” includes regular full-time and part-time employees. Wellness Center use by patients referred through Health Promotion is governed by HP 110.

IV. DEFINITIONS:

Employee Wellness Benefit: The paid time and no-cost Wellness Center access NACA provides to employees under this policy. Distinct from, and not requiring, a Health Promotion patient referral under HP 110.

Employee +1: One (1) additional individual whom an eligible employee may sponsor for Wellness Center access under this policy. The employee “+1” is a continuing benefit offered at no additional fee. The +1 participant completes the same screening, membership, and waiver requirements as any other Wellness Center user.

PAR-Q: The Physical Activity Readiness Questionnaire completed by all Wellness Center users prior to physical activity, used to identify individuals who may require medical clearance.

Wellness Center User: Any individual accessing NACA Wellness Center equipment, services, or amenities, including employees and approved +1 participants under this benefit.

WOW Program Coordinator: The Human Resources staff member (or designee) responsible for administering the Employee Wellness Program and reporting to the Quality Improvement Committee (QIC).

V. GOVERNANCE: The Human Resources Director, through the WOW Program Coordinator, administers the Employee Wellness Program. The QI & Compliance Director owns the procedures and protocol supporting this policy and reviews them at least annually. The WOW Program Coordinator provides a quarterly wellness update to the QIC. The Board approves the policy-level direction; supporting procedure and protocol may be updated without Board re-approval provided they remain within the bounds of this policy.

VI. GUIDELINES:



NACA offers use of the Wellness Center to all employees at no charge, including fitness and nutrition classes.

Full-time employees may use up to two (2) hours per week and part-time employees up to one (1) hour per week of paid time to use the Wellness Center for exercise, within normal working hours (8:00 a.m.–5:00 p.m.). Hours outside normal working hours are personal time and are not paid.

Employees shall request supervisor approval regarding scheduling of wellness hours.

Employee +1: An eligible employee may sponsor one (1) +1 participant for Wellness Center access. The +1 is a continuing benefit provided at no additional fee. The +1 participant must complete the same screening, membership, and waiver requirements as any other Wellness Center user before use. The +1 benefit does not include paid wellness hours, which are available to employees only.

Prior to Wellness Center use, every employee and +1 participant shall complete the same screening, membership, and waiver requirements applicable to all other Wellness Center users.

The employee wellness benefit is distinct from the Health Promotion patient-referral pathway (HP 110) and does not require a provider referral. If the required health-risk screening identifies potential medical risks, the individual will be required to obtain provider medical clearance prior to participation.

VII. REFERENCES:

AAAHC Accreditation Standards (Rights & Responsibilities; Quality Management / Risk Management)

IHS / Urban Indian Organization standards

OSHA workplace safety requirements

NACA Wellness Center Membership Agreement, PAR-Q+, and Release of Liability

HP 110 – Patient Referrals to Health Promotion Program Services



POLICY: HR 320A	(X) Revision (X) New	Original Issue Date: 08/13/26 Revised Date: 09/22/26 Owner: QI & Compliance Director
Employee Wellness Program Procedure	Author: QI & Compliance Director	Administered by: WOW Program Coordinator (HR) Review: Annual by QIC Annual Review Date: 08/19/27

HR 320A — EMPLOYEE WELLNESS PROGRAM PROCEDURE

1. Enrollment

Employee notifies the WOW Program Coordinator (or HR) of intent to use the Wellness Center benefit, and whether a +1 participant will be sponsored.

Coordinator provides the Wellness Center Membership Agreement, PAR-Q, and Release of Liability to the employee and, if applicable, the +1 participant.

2. Employee +1 Registration

The +1 participant registers at the front desk and completes the same Membership Agreement, PAR-Q, and Release of Liability as any other user.

Front desk verifies the sponsoring employee is currently eligible and records the +1 under the employee's benefit. The +1 is provided at no additional fee.

3. Health-Risk Screening

Employee and +1 complete the PAR-Q prior to any physical activity.

Screening results are routed per the HR 320B decision grid.

4. Medical Clearance (when triggered)

Where the PAR-Q indicates a potential health risk, the individual obtains provider medical clearance before participating.

Clearance documentation is submitted to the Coordinator and retained per Section 7.

5. Wellness Hours

Employee requests supervisor approval for scheduling wellness hours within normal working hours. Paid wellness hours are available to employees only, not to +1 participants.

Offsite WOW usage within two (2) miles of the work location during working hours is available; employee scans in and out on NACA's wellness application for liability purposes. Injuries during paid wellness hours are reported and handled under HR 401.

6. Worksite Wellness Activities/Events

Employee signs a WOW Activity Liability Waiver prior to participating in any worksite wellness activity or event involving physical movement.

7. Recordkeeping

The Coordinator maintains completed Membership Agreements, PAR-Q forms, waivers, +1 registrations, and medical-clearance documentation in accordance with NACA recordkeeping and confidentiality requirements. PAR-Q forms, medical clearance documents, and any other health information collected for Wellness Center use are confidential. They are kept separately from personnel files, are not shared with supervisors, are not used in any employment decision, and are disclosed only as permitted by law (42 U.S.C. 12112(d)(4)). Reports to the QIC use aggregate data only. Participation in the wellness program is voluntary.

8. Reporting

The Coordinator submits a quarterly wellness update to the QIC and reviews program goals and objectives at least annually.

POLICY: HR 320B	() Revision (X) New	Original Issue Date: 08/13/26 Revised Date: Owner: QI & Compliance Director
Employee Wellness Screening Protocol	Author: QI & Compliance Director	Point-of-service decision criteria Review: Annual by QIC Annual Review Date: 08/19/27

HR 320B — EMPLOYEE WELLNESS SCREENING PROTOCOL

PURPOSE: This protocol provides standardized decision criteria for screening employees and approved +1 participants prior to Wellness Center use and for determining when medical clearance is required.

SCREENING AND ROUTING GRID:

Screening Result	Determination	Action Before Wellness Center Use
PAR-Q: all 'No' responses	Cleared	May begin activity; Membership Agreement + Release of Liability on file.
PAR-Q: one or more 'Yes' responses	Clearance required	Complete PAR-Q+ follow-up pages; obtain provider medical clearance before participation.
User presents apparent health risk during use	Re-screen	Suspend activity; refer for medical clearance; document.
Employee is also an HP patient referred to Wellness services	Dual pathway	Apply HR 320B screening AND HP 110 referral procedures.
Employee +1 participant	Same as above	+1 completes the same PAR-Q, Membership Agreement, and Release of Liability as the employee before use.

NOTES:



A PAR-Q clearance is valid for a maximum of twelve (12) months from completion, or until a change in health condition, whichever occurs first.

Individuals under 18 are not addressed by this protocol; per the Membership Agreement, minor use requires parent/guardian participation and is outside the employee benefit.

An employee +1 participant is screened identically to any other user; sponsorship by an employee does not waive or reduce any screening requirement.

Any suspension of activity for health-risk reasons is documented and reported to the WOW Program Coordinator.



Native Americans for Community Action, INC
Wellness Center Membership Agreement
 1500 E Cedar Ave. Suite 52 Flagstaff AZ, 86001

THIS IS A LEGAL DOCUMENT, PLEASE READ CAREFULLY BEFORE SIGNING

All participants must complete and sign this agreement. For participants under 18 years of age, participant and parent(s) or guardian(s) of participant (collectively, "Participants") must sign below, and all references to "participant," "I, me, and mine" shall include both the parents and the minor, unless the context requires otherwise.

(Please print)

Name:		Date of Birth:	
Mailing Address:		City/State:	Zip:
Cell Phone:		Email:	
Emergency Contact:		Emergency Phone:	Relationship:
Health Care Provider:	☐ NACA	☐ Other: _____	
NACA Employee (HR 320 benefit): ☐ Wellness hours approved by supervisor. +1 sponsored: ☐ Yes ☐ No			

Amending of Rules: The NACA Wellness Center reserves the right to amend or add to these conditions as it deems necessary. All rules and regulations implemented by the Wellness Center includes the use of the training facility, exercise equipment, and premises. If a member fails to abide any such rules and regulations, or for any reasons of nuisance, disturbance of other members or staff member, and moral turpitude fraud, the Wellness Center has the right to refuse service to the member. Without limiting member's obligation to the rules and regulations implemented by the NACA Wellness Center presently enforced now and in the future, as a member I am signing the contract in agreement to abide by the following rules:

- 1. Unavailability of Facility or Services:** I agree to accept the fact that a particular facility in the premises may be unavailable at any particular time due to mechanical breakdown, fire, act of God, loss of lease, catastrophe, bi-yearly maintenance or any other reason. Further, I agree not to hold the Wellness Center responsible or liable for such occurrences.
- 2. Damage to Facility:** I agree to pay for any damages I, my family, or my guest may cause to the facility through careless or negligent use.
- 3. Attire:** Appropriate clothing is required while using the facility:
 - Cotton shirts, shorts, warm-ups, sport shoes, tank tops or sports bras, are required at all times, men must wear a shirt at all times.
 - Shower shoes are encouraged and recommended in shower area.
- 4. Equipment:** Please clean equipment after each use with antibacterial wipes provided.
 - No food or drinks in the exercise area, except for water and/or sports drinks. All bottles MUST have lids.
 - If cardio equipment is occupied, please limit time to 30 min.



- Temporary lockers are available on a first-come, first-serve basis. Please remove all contents from locker on a daily basis.

5. Other Conditions:

- If you decide you do not wish to remain a member of the Wellness Center, you may cancel at any time.
- **Teenagers** ages 16-17 may use cardio equipment and the facility if accompanied by a parent or guardian over the age of 18 AT ALL TIMES.
- The Wellness Center reserves the right to restrict usage of the facilities or require additional medical approval if management believes the member or guest may be at medical risk due to excessive exercise.
- Harassment of any kind, aggressive behaviors, and/or abusive language will NOT be tolerated. NACA, INC. Wellness Center reserves the right to suspend or terminate any membership if any of the above infractions are violated.
- **All members are required to fill-out a Physical Activity Readiness Questionnaire (PAR-Q) prior to engaging in any kind of physical activity.**

DO NOT SIGN THIS AGREEMENT UNTIL YOU HAVE READ AND AGREED TO NACA INC. WELLNESS CENTER RULES.

NACA WELLNESS CENTER RELEASE OF LIABILITY

In agreeing to participate in the Wellness Center at Native Americans for Community Action Inc. (NACA), I agree, and fully understand and acknowledge that

(a) inherent risks, dangers, hazards and such exists in my use of such equipment and my participation in these activities

(b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily harm, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability.

(c) massage should not be conducted under certain health conditions and accept full responsibility for my body. However, I also agree that if I feel any pain or discomfort during the massage session, it is my sole responsibility to inform NACA staff and my primary care provider.

(d) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of NACA, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes.

(e) my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of NACA, or by any other person.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE NOT TO HOLD NATIVE AMERICANS FOR COMMUNITY ACTION, INC. LIABLE FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

1. To waive forever any and all legal, equitable, and administrative claims that I have or may have in the future against a NACA and its owners, officers, directors, agents, employees, successors, heirs, and assigns as a result of my participation in the NACA Wellness Center, including claims that arise out of their own alleged negligence or carelessness; and



2. To release naca and its owners, officers, directors, agents, employees, successors, heirs, and assigns from any and all liability from any loss, damage, injury or expense that I may suffer, as a result of my participation in the NACA Wellness Center due to any cause whatsoever, including but not limited to NACA's own negligence, breach of contract or breach of any statutory or other duty of care; and

3. To hold harmless and indemnify naca and its owners, officers, directors, agents, employees, successors, heirs, and assigns from and against all actions, costs, claims, demands, charges, expenses and damages, however caused, which may be brought or made or claimed against them, including claims based on their own negligence, arising from any personal injury wrongful death, pain, or discomfort or loss, related to my participation in the NACA Wellness Center, including but not limited to liability for any damage to the property of, or personal injury to any third party.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND THAT I UNDERSTAND THIS RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT, that I have signed below on a voluntary basis, and that the terms above are binding on me and also upon my heirs, executors, successors, administrators, and representatives.

Member Print _____ Date _____

Member Signature _____ Date _____

Wellness Center Staff Member _____ Date _____



POLICY: HR 400	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Workplace Safety and Employee Responsibility	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide the best possible working conditions for all employees. NACA complies with all current occupational health, safety, and environmental laws. Employees are expected to comply with safety and health requirements whether established by management or by federal, state, or local laws.
- II. **PURPOSE:** To establish ongoing programs at all levels to identify and eliminate occupational health and safety risks.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 400A, Workplace Safety and Employee Responsibility Procedure, which the Human Resources Director updates operationally without Board re-approval. The ~~Quality Director/Compliance Officer~~ QI & Compliance Director, or designee, serves as the OSHA Safety Officer, and the Quality Improvement Committee serves as the Safety Committee, as set out in HR 400A. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 400A, Workplace Safety and Employee Responsibility Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.150.10; SAF.250.10; Occupational Safety and Health Act, 29 U.S.C. 654.



POLICY: HR 400A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Workplace Safety and Employee Responsibility Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 400A — WORKPLACE SAFETY AND EMPLOYEE RESPONSIBILITY PROCEDURE

- A. It is the responsibility of management to ensure every employee is provided with safe working conditions. Management considers controlling and eliminating occupational health and safety risks a top priority, including providing the necessary funds to implement health and safety programs.
- B. Supervisors are responsible for inspecting the work area in their department, being familiar with safety and health procedures, and training employees in health and safety precautions.
- C. The ~~Quality Director/Compliance Officer~~ **QI & Compliance Director**, or designee, serves as the OSHA Safety Officer. The OSHA Safety Officer is responsible for ensuring agency compliance with applicable safety and health standards established by the Occupational Safety and Health Administration (OSHA) and other agencies.
- D. The OSHA Safety Officer investigates, corrects, and eliminates unsafe and unhealthy working conditions. Conducts periodic informal safety and health inspections of work areas and complies with OSHA requirements, including record-keeping and retention of records.
- E. The OSHA Safety Officer is responsible for developing and implementing an emergency/disaster plan. Fire and/or disaster drills are held periodically to ensure the safety of everyone on the premises.
- F. Observed safety and health violations, and any accidents resulting in injuries will be reported immediately to the OSHA Safety Officer. Injuries include any incidences of contaminated needle/instrument punctures, lacerations, or significant exposure to blood, body secretions, or tissue to employees or patients. Management shall follow the recommendations of the agency's designated physician (the Medical Director, or designee) with regard to action to be taken. **Post-exposure evaluation and follow-up follow the bloodborne pathogens exposure control plan in IC 110.**
- G. The Quality Improvement Committee will also serve as the Safety Committee to evaluate work-related hazards, communicate safety guidelines to employees, and investigate accidents.
- H. The basic responsibility for employee health and safety lies in the individual. It is a condition of employment for employees to conduct their work in a safe and healthy manner.
- I. Employees who do not follow safety and health policies may be disciplined in accordance with NACA's disciplinary policy.
- J. Employee decisions should always be guided by NACA's commitment to safety. Should a



hazardous situation or condition exist, and a decision has to be made on safety or service delivery, safety should always be the primary concern.

- K. The responsibility for identifying and correcting potential causes of accidents and injuries is shared by all NACA employees. Employees who observe a potential work-related hazard are to report this to their immediate supervisor immediately and ~~complete an Incident Report.~~ **complete an Incident Report under QRM 310, Incident Reporting.**
- L. Within 24 hours of a report regarding a potential hazard, the supervisor shall review the information and take such steps as necessary to correct, reduce, or eliminate any potential hazard.
- M. During a public health pandemic or emergency, employees are required to wear face mask/covering, personal protective equipment, and social distancing of six (6) feet at all times in open area of the NACA offices buildings to ensure a safe work environment. Employees alone in a closed office will not be required to wear face mask. Other safety measures and recommendation by the Centers for Disease Control (CDC) will be used as guidelines to ensure safe environment for employees. The CEO will inform staff when safety measures will be implemented and mandated. Violation of this policy will be cause for disciplinary action, up to and including termination.

POLICY: HR 401	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 11/11/24; 09/22/26 Approved by: Board of Directors
Workers' Compensation and Employee Injury	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide a comprehensive workers' compensation insurance program at no cost to employees who sustain work-related injuries. NACA complies with the provisions of the Arizona Workers' Compensation Law, the Occupational Safety and Health Administration (OSHA), and the rules and regulations of the Industrial Commission of Arizona.
- II. **PURPOSE:** To establish procedures and benefits for NACA employees who are injured or sustain occupational illnesses arising out of the course of one's employment.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 401A, Workers' Compensation and Employee Injury Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 401A, Workers' Compensation and Employee Injury Procedure.
- VI. **REFERENCES:** A.R.S. Title 23, Chapter 6 (Workers' Compensation); OSHA Recordkeeping, 29 CFR Part 1904; IHS/UIO On-Site Review Manual, Human Resources Requirements (records of work injuries and illnesses).



POLICY: HR 401A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Workers' Compensation and Employee Injury Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 401A — WORKERS' COMPENSATION AND EMPLOYEE INJURY PROCEDURE

- A. Work injuries and illnesses are appropriately documented and investigated with records maintained as applicable.
- B. Work injury and illness records are documented and maintained in accordance with state and federal reporting requirements and any other insurance requirements.
- C. Work injury and illness health records are maintained in compliance with state and federal confidentiality and security standards (e.g., OSHA).
- D. The workers' compensation insurance provider shall make all determinations as to the coverage of an injury. Subject to applicable legal requirements, workers' compensation insurance may provide benefits after a short waiting period or, if the employee is hospitalized, immediately.
- E. Every injury, regardless of severity, must be reported to the employee's supervisor immediately to ensure appropriate medical attention, if needed, and to remedy the condition or circumstances causing the incident. An Incident Report shall be completed by the employee or their immediate supervisor. In most cases, employees shall be directed to local urgent care or emergency department for initial treatment and, as necessary, referrals for additional treatment.
- F. Employees who sustain work related injuries or illnesses must complete the necessary paperwork with the HR.
- G. HR confirms each year whether NACA must keep OSHA injury and illness logs under 29 CFR Part 1904 and, if so, maintains the OSHA 300, 300A, and 301 forms and posts the 300A summary from February 1 through April 30. In all cases, the OSHA Safety Officer reports any work-related fatality to OSHA within eight (8) hours, and any in-patient hospitalization, amputation, or loss of an eye within twenty-four (24) hours.
- H. Light-duty or transitional work may be offered consistent with medical restrictions. Employees return to full duty with a provider release submitted to HR.

POLICY: HR 405	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 01/19/23; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Use of Motor Vehicles	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 02/15/23; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 02/16/23; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide company-owned and rental vehicles when conducting business, and to provide reimbursement to employees when using their own personal vehicles for company business. Personal use of NACA-owned vehicles is prohibited.
- II. **PURPOSE:** To ensure safe use of NACA vehicles when employees perform their job duties including travel and/or transportation of children under some NACA programs.
- III. **SCOPE:** This policy applies to NACA employees who operate NACA-owned, rental, or personal vehicles for NACA business.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 405A, Use of Motor Vehicles Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 405A, Use of Motor Vehicles Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 405A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Use of Motor Vehicles Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 405A — USE OF MOTOR VEHICLES PROCEDURE

- A. All operators of a NACA-owned or rented vehicle, or operators of private vehicles on NACA business, must have a valid Arizona or other state driver's license appropriate to the type of vehicle being driven and shall authorize NACA to request an annual Motor Vehicle Record (MVR) from the Arizona or other state Motor Vehicle Division, available at HR. The MVR shall be filed in the employee's personnel file. Human Resources shall maintain copies of current employee driver's license in the personnel file, monitoring expiration dates and/or restrictions.
- B. Employee use of personal vehicles for NACA business may be pre-authorized by the supervisor when a NACA-owned or rented vehicle is unavailable. If the pre-authorization is received from the supervisor, the employee may be authorized to use his/her personal vehicle and receive reimbursement for mileage. If the employee utilizes his/her personal vehicle without prior approval, it is up to the discretion of the supervisor if reimbursement will be authorized. Local routine travel for the job may not require prior approval.
- C. Employees using their personal vehicles for NACA business shall also provide evidence of a valid automobile liability insurance policy with minimum uninsured and underinsured motorist coverage ~~with a combined single limit liability policy of as required by Arizona State law~~ and **liability limits at least equal to the minimums required by Arizona law** prior to reimbursement for mileage.
- D. Transporting medical or behavioral health clients or patients by employees using personal vehicles is prohibited.
- E. Community Development youth participants may be transported by NACA employees, only if all NACA staff driver eligibility requirements are met as specified in this policy.
- F. Youth participant eligibility requires that the youth participant be actively involved in NACA's Pathway Youth Program. Participants must be under the age of 18.
- G. Youth participants may only be transported in a NACA-owned or rented vehicle. NACA staff are never authorized to transport youth participants in a staff vehicle.
- H. Youth participation dissatisfaction, or parent/guardian dissatisfaction, shall be directed to the Program Manager of the respective program.
- I. All operators of a NACA-owned or rented vehicle shall complete the Defensive Driving course every three (3) years.



- J. Employees who drive a vehicle on company business must exercise due diligence to drive safely and to maintain the security of the vehicle and its contents. Use of handheld cell phones (including texting) while behind the wheel of a moving vehicle being used on company business is strictly prohibited. Employees are responsible for any driving infractions or fines as a result of their driving.
- K. Employees are not permitted, under any circumstances, to operate a company vehicle or a personal vehicle for company business when any physical or mental impairment causes the employee to be unable to drive safely. Additionally, employees shall not operate any company vehicle at any time or operate any personal vehicle while on company business while using or consuming alcohol, illegal drugs or prescription medications that may affect their ability to drive. These prohibitions include circumstances in which the employee is temporarily unable to operate a vehicle safely or legally because of impairment, illness, medication, or intoxication.
- L. Employees required to drive a vehicle for NACA business or requesting reimbursement for personal vehicle use for NACA business shall maintain a clear driving record defined as having zero moving violations within the past three (3) years.
- M. Employees shall report moving violations, any revocation or suspension of driver's license or the cancellation of their automobile liability insurance to their immediate supervisor and the HR within 24 hours. Any employee who does not comply with the stated requirements shall be subject to disciplinary action up to, and including, termination of employment.
- N. Employees involved in a vehicular accident during business-related travel shall report the incident immediately to their supervisor, unless incapacitated, and complete an Incident Report within 24 hours. **Post-accident drug and alcohol testing may be required under HR 410A.**

POLICY: HR 406	() Revision (X) New	Original Issue Date: 10/21/26 Revised Date: Approved by: Board of Directors
Utility Vehicle (Side-by-Side) Operation and Security	Author: Human Resources	Approval Date: 10/21/26 Effective Date: 10/22/26 Annual Review Date: 10/21/27

- VIII. POLICY:** The policy of NACA is that utility vehicles (side-by-side) are operated and ridden only by NACA employees who have been trained and approved in writing, and that each vehicle is secured against unauthorized use and loss whenever it is not in operation. Personal use of a NACA utility vehicle is prohibited. Utility vehicles are operated off-road only.
- IX. PURPOSE:** To protect employees, vendors, visitors, and the public from injury; to prevent accidents, property damage, and loss; to establish a documented operator approval process; and to safeguard NACA property. This policy supplements HR 400, Workplace Safety and Employee Responsibility, and HR 405, Use of Motor Vehicles.
- X. SCOPE:** This policy applies to NACA employees who operate or ride in a NACA-owned, leased, or borrowed utility vehicle (side-by-side), including the Polaris at the Overlook. Only employees who are trained and approved under HR 406A may operate or ride in the vehicle. Volunteers, contractors, and staffing-agency workers may not operate or ride in the vehicle.
- XI. GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 406A, Utility Vehicle (Side-by-Side) Operation and Security Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk. The Quality Improvement Committee, which serves as the Safety Committee under HR 400, reviews accidents, thefts, losses, and near misses involving the vehicle.
- XII. PROCEDURE:** Operational steps are set out in HR 406A, Utility Vehicle (Side-by-Side) Operation and Security Procedure.
- XIII. REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.130.50; ADM.150.10; ADM.150.50; ADM.170.30; SAF.130.10; SAF.130.30; SAF.140.10. IHS/UIO On-Site Review Manual, Environmental Safety Requirements (Safety Officer and designated safety committee). A.R.S. 23-403.

POLICY: HR 406A	☐ Revision ☒ New	Original Issue Date: 10/21/26 Revised Date: Owner: Human Resources Director
Utility Vehicle (Side-by-Side) Operation and Security Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 406A — UTILITY VEHICLE (SIDE-BY-SIDE) OPERATION AND SECURITY PROCEDURE

A. Definitions.

- **Vehicle** – a NACA-owned, leased, or borrowed utility vehicle (side-by-side), including the Polaris at the Overlook.
- **Operator** – an employee approved in writing under this procedure to drive the Vehicle.
- **Rider** – an employee approved in writing under this procedure to ride in the Vehicle as a passenger.
- **Responsible Supervisor** – the Economic Development Program Coordinator, or another supervisor the CEO designates, who oversees the Vehicle, its Operators, and its Riders.
- **Approved Roster** – the current list of Operators and Riders, maintained with the Vehicle Record (Attachment D).

- B. **Applicability.** This procedure applies to NACA employees. Only employees who are trained and approved may operate or ride in the Vehicle. Volunteers, contractors, and staffing-agency workers shall not operate or ride in the Vehicle. An employee in temporary status under HR 213 is an employee and may be approved only after completing every step in this procedure, for a stated assignment period. HR 405A ¶A (valid license and Motor Vehicle Record), ¶J (phone use), and ¶K (impairment) apply to all Operators. HR 410A (Drug-Free and Alcohol-Free Workplace) also applies. The Vehicle is used off-road only.

- C. **Operator approval.** No employee shall operate the Vehicle unless all of the following are complete and documented:

- Eligibility under HR 405A ¶A is confirmed by Human Resources.
- The employee has reviewed the current manufacturer's owner's manual.
- The employee has completed the orientation described in Paragraph E.
- The employee has completed the ROHVA ROV E-Course, or equivalent training approved by the CEO, and signed the Certificate of Completion in Attachment B.
- The Responsible Supervisor has observed the employee complete the hands-on Competency Evaluation (Attachment A) with all items demonstrated.
- The Responsible Supervisor has signed the Operator Approval Form (Attachment B), and the employee's name appears on the Approved Roster.

Approval applies to the specific Vehicle model. The Responsible Supervisor or the CEO may suspend or revoke approval at any time.

- D. **Rider approval.** No employee shall ride in the Vehicle unless the employee has completed the ROHVA ROV E-Course, or equivalent training approved by the CEO, has signed the Certificate of Completion in Attachment B, has been approved by the Responsible Supervisor on the Approved Roster, and has received the passenger instruction described in Paragraph E. Riders are

not required to complete the Competency Evaluation.

E. **Training.**

- **Orientation.** Orientation covers vehicle controls; capabilities and limits; starting, stopping, parking, and securing; seat belts and PPE; passenger and cargo limits; pedestrians, vendors, visitors, and other vehicles; reversing; hills, slopes, and uneven terrain; weather; emergencies; incident, theft, and loss reporting; and inspection and defect reporting.
- **External training.** All Operators and Riders shall complete the free ROHVA ROV E-Course, or equivalent training approved by the CEO, before approval, and sign the Certificate of Completion (Attachment B). Hands-on manufacturer or ROHVA training shall also be required if NACA's insurance carrier requires it, or if the CEO determines it is necessary based on the Vehicle model and operating environment.
- **Hands-on training after an accident.** An Operator who is involved in a crash, collision, or rollover, or who strikes any person, vehicle, or object while operating the Vehicle, shall have approval suspended immediately. The Operator shall not drive the Vehicle again until completing hands-on ROHVA training, or equivalent hands-on training approved by the CEO, and being re-evaluated and re-approved under Paragraph C. The Responsible Supervisor shall document the incident and the re-approval.
- **Refresher training.** Refresher training shall be provided at least annually; after an accident or near miss; when an Operator has not used the Vehicle for an extended period; when unsafe operation is observed; when the Vehicle model or operating environment changes; and when required by NACA's insurer. Workplace Safety training under HR 310A continues to apply.

F. **Pre-operation inspection and shutdown.**

- The Operator shall complete the Daily Pre-Operation and Shutdown Checklist (Attachment C) before and after each use.
- The Vehicle shall not be operated with a safety-critical defect. The Operator shall report the defect to the Responsible Supervisor, and the Vehicle shall be tagged "DO NOT OPERATE" until repaired and cleared.
- Operators shall not attempt repairs beyond their training or approval.
- After an accident, the Vehicle shall not return to service until it has been inspected and cleared by an authorized person.

G. **Safe operation.** Operators shall:

- Wear a seat belt, and ensure every occupant wears one, whenever the Vehicle is moving. The Vehicle shall not be operated if a required restraint is not working.
- Wear closed-toe shoes or work boots and a high-visibility vest when near visitors, vendors, traffic, or work areas, plus any other PPE required by the owner's manual, the insurer, or the Responsible Supervisor.
- Carry passengers only in designated seats, only Riders on the Approved Roster, and within the manufacturer's occupancy limit. No one shall ride in cargo areas, on fenders, or on the rear platform.
- Keep loads within the manufacturer's limits, evenly distributed, secured, and clear of the controls and the Operator's view.
- Drive at a speed safe for conditions, yield to pedestrians, and slow before turning. Before reversing, stop and check behind the Vehicle, and use a spotter when visibility is limited.
- Stay within the manufacturer's limits on slopes and uneven terrain, and stop and assess before

entering a hazardous area.

- Not use a phone or other device while driving (HR 405A ¶J), and not operate while impaired (HR 405A ¶K).
- Operate the Vehicle off-road only. The Vehicle shall not be driven on public roads.

The Responsible Supervisor may suspend operation when weather or conditions create an unreasonable risk. The Vehicle shall not be used for personal business, racing or recreational driving, unauthorized transport, or any use outside the manufacturer's intended purpose.

H. Storage and security.

- At the end of each use, and in all cases at close of business, the Vehicle shall be returned to the locked storage shed. The Vehicle shall not be left parked outside the shed overnight or unattended, except while in active use.
- The Operator shall remove the key whenever leaving the Vehicle and, at shutdown, return it to a secure, locked location designated by the Responsible Supervisor. Keys shall not be left in or on the Vehicle.
- The last Operator shall lock the shed. The Responsible Supervisor or designee shall verify at close of business each day that the Vehicle is in the locked shed and the key is secured, and shall initial the Daily Checklist.
- The Vehicle Record (Attachment D), including the make, model, VIN, NACA asset tag number, and a current photograph, shall be kept on file and shared with Finance for the fixed-asset record. The photograph shall be updated when the Vehicle's appearance changes.

I. Accidents, incidents, theft, and loss.

- Any accident, collision, rollover, injury, property damage, or near miss shall be reported to the Responsible Supervisor immediately, or as soon as it is safe to do so. The Operator shall call 911 when emergency help is needed and shall not make statements about fault or liability.
- An Incident Report shall be completed for every event under QRM 310, Incident Reporting, and injuries shall be handled under HR 401A ¶E and HR 405A ¶N. Post-accident testing is governed by HR 410A.
- Theft or loss of the Vehicle shall be reported immediately to the Responsible Supervisor, law enforcement, Finance, and the CEO. Finance or the CEO shall notify NACA's insurance carrier as the carrier requires.
- QI & Compliance shall review each accident, theft, loss, or near miss, identify contributing factors, and report to the Quality Improvement Committee, which serves as the Safety Committee under HR 400A ¶G.

J. Records and oversight.

- Completed Attachments A and B shall be sent to Human Resources for the personnel file within five (5) working days.
- The Responsible Supervisor shall keep the Approved Roster and completed Daily Checklists on file, and shall update the roster whenever an Operator or Rider is added or removed and review it at least annually.
- QI & Compliance shall periodically audit the roster, training records, and Daily Checklists, as determined by the Quality Improvement Committee.

K. Compliance and corrective action. Failure to follow this procedure, including failure to secure the Vehicle or to report an accident, theft, or loss immediately, is subject to disciplinary action under HR 250A, up to and including termination, based on the circumstances, including whether



the violation was willful or repeated and whether it resulted in injury or loss. Prompt, good-faith reporting of an incident, near miss, or loss shall be considered favorably.

- L. **Review.** The Human Resources Director shall review this procedure at least annually, and whenever the Vehicle model, the manufacturer's guidance, or NACA's insurance requirements change.

Attachment A – Operator Competency Evaluation

HR 406A, Paragraph C. All items must be demonstrated before approval.

Operator: _____ Evaluator: _____ Date: _____

Competency	Demonstrated	Needs Improvement
Has reviewed the manufacturer's owner's manual	☐	☐
Completes the pre-operation inspection (Attachment C)	☐	☐
Identifies vehicle controls	☐	☐
Uses seat belt and required PPE	☐	☐
Starts, stops, parks, and secures the Vehicle	☐	☐
Drives forward safely at an appropriate speed	☐	☐
Turns and maneuvers safely	☐	☐
Reverses safely (checks behind, uses a spotter when needed)	☐	☐
Navigates uneven terrain and slopes within manufacturer limits	☐	☐
Maintains awareness of pedestrians and other vehicles	☐	☐
Explains passenger and cargo limits	☐	☐
Explains emergency and accident procedures	☐	☐
Explains theft, loss, and incident reporting	☐	☐
Explains storage and key-control requirements (shed, key, daily check)	☐	☐



Attachment B – Approval Form and Certificate of Completion

HR 406A, Paragraphs C and D. Keep the original in the personnel file; send a copy to the Responsible Supervisor.

Item	Entry
Name	
Job title / department	
Approval requested	☐ Operator ☐ Rider
Vehicle model / unit #	
Orientation date	
Competency evaluation date	(Operators only)
Approval end date	(Required for employees in temporary status)
HR eligibility confirmed (HR 405A ¶A)	☐ Yes Initials: _____ Date: _____

Certificate of Completion (employee). I certify that I completed the ROHVA ROV E-Course, or equivalent training approved by the CEO, on _____ (date). I have reviewed the owner's manual and received instruction on the safe operation and security of the Vehicle. I understand that failure to follow HR 406 and HR 406A may result in removal of my approval and disciplinary action under HR 250A.

Employee signature: _____ Date: _____

Responsible Supervisor. I confirm the employee completed the steps required for the approval requested above and, for an Operator, that I observed the Competency Evaluation with all items demonstrated.

Name: _____ Signature: _____ Date: _____

☐ APPROVED AS OPERATOR ☐ APPROVED AS RIDER ☐ NOT APPROVED



Attachment C – Daily Pre-Operation and Shutdown Checklist

HR 406A, Paragraphs F and H. Complete at each use. Report any concern to the Responsible Supervisor.

Date: _____ Time: _____ Operator: _____ Unit #: _____

Before operating
☐ I am on the Approved Roster.
☐ Seat belt works and is worn; required PPE is on; all passengers are seated and belted.
☐ Tires and wheels secure; brakes and steering work; lights and horn work.
☐ No fluid leaks, warning lights, or visible damage; fuel adequate.
☐ Cargo is secured and within manufacturer limits.
☐ Route, terrain, weather, pedestrians, and visitors have been considered.

DO NOT OPERATE if a safety-critical problem is found.

After operating / shutdown
☐ Parked on a stable surface; parking brake set; engine off; all passengers out.
☐ Cargo and equipment removed or secured.
☐ Vehicle checked for new damage; damage or defects reported.
☐ Key removed and returned to its secure, locked location.
☐ Vehicle returned to the locked shed.
☐ Shed locked.

Operator signature: _____ Date/Time: _____ Issue reported? ☐ No ☐ Yes

Close-of-business verification (Responsible Supervisor or designee)
☐ Vehicle is in the locked shed ☐ Key is secured
Initials: _____ Date/Time: _____



Attachment D – Vehicle Record and Approved Roster

HR 406A, Paragraphs A, H, and J. Keep current; provide the Vehicle Record to Finance.

Vehicle Record

Item	Entry
Make / model / year	
VIN	
NACA asset tag #	
Photograph (date taken / file location)	
Storage location	
Key location(s)	
Insurance carrier / policy on file	

Approved Roster

Name	Operator / Rider	Orientation date	Competency date	Approved by	Approval ends	Removed (date)



POLICY: HR 410	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Drug-Free and Alcohol-Free Workplace	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide a drug-free and alcohol-free environment for employees, clients, patients, agents, and guests in accordance with the Drug Free Workplace Act of 1988 (~~29 CFR Part 98, Subpart F~~) (41 U.S.C. 8101 et seq.; 2 CFR Part 382). This policy applies to all NACA facilities and events sponsored by NACA.
- II. **PURPOSE:** To ensure NACA has procedures for maintaining a drug-free and alcohol-free workplace.
- III. **SCOPE:** This policy applies to all NACA employees and to all NACA facilities and NACA-sponsored events.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 410A, Drug-Free and Alcohol-Free Workplace Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 410A, Drug-Free and Alcohol-Free Workplace Procedure.
- VI. **REFERENCES:** Drug-Free Workplace Act of 1988, 41 U.S.C. 8101 et seq.; 2 CFR Part 382; A.R.S. 23-493 through 23-493.11; A.R.S. 36-2813 and 36-2814; AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 410A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Drug-Free and Alcohol-Free Workplace Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 410A — DRUG-FREE AND ALCOHOL-FREE WORKPLACE PROCEDURE

- A. Illegal Drug Use: NACA strictly prohibits the unlawful use, sale, attempted sale, manufacture, possession, conveyance, purchase, attempted purchase, distribution, cultivation, transfer, or dispensing of any illegal substance, at any time and in any manner. This prohibition includes the use or possession of prescription medications for which the employee does not have a valid prescription. No employee shall report to work or continue to work with an illegal substance in his or her system. A confirmed positive drug test shall be considered a violation of this Policy. For a registered Arizona medical marijuana cardholder, a positive test for marijuana alone is not a violation (see Medical Marijuana Cardholders below).
- “*Illegal substance*” includes all drugs, narcotics, and intoxicants for which possession or misuse is made illegal under federal, state, or local law, and includes prescription medication for which the individual does not have a valid prescription. Chemical intoxicants used in a manner inconsistent with their intended purpose are also considered illegal drugs. Marijuana is treated as an illegal substance under this policy, except as stated below for registered medical marijuana cardholders.
- B. Alcohol Use and Misuse: NACA strictly prohibits the use or abuse of alcohol while on the job, in a NACA vehicle, or while representing NACA in the community as an employee of NACA. Moreover, the use or abuse of alcohol off the job, which impairs, to any extent, performance on the job is prohibited. Employees are prohibited from ~~reporting to work with alcohol in their systems~~ reporting to work or working under the influence of alcohol and from bringing any alcoholic beverage to the job site. A confirmed positive test showing the presence of .04 percent or more alcohol in the employee’s system is a violation of this policy. An employee who shows signs of impairment is removed from duty regardless of the test level, and the impairment is addressed under HR 250.
- No medication containing alcohol should be used during or immediately before an individual’s scheduled work time, unless by prescription.
- C. Use of Legal Medication: Employees who use prescription and/or over-the-counter medication ~~(including prescribed medical marijuana)~~ (including medical marijuana used by a registered Arizona cardholder), which could impair their ability to perform safely are responsible for notifying their supervisor. Employees may be asked to present a statement from their prescribing physician regarding the duration of the prescription and any limits on the individual’s ability to safely perform his or her specific job duties. The supervisor will notify the HR and work in collaboration to determine if the employee will be allowed to work.
- D. Medical Marijuana Cardholders: NACA does not discipline or refuse to hire a registered Arizona medical marijuana cardholder based only on cardholder status or a positive test for marijuana. A cardholder may not use, possess, or be impaired by marijuana on NACA premises, in NACA



vehicles, or during working hours (A.R.S. 36-2813, 36-2814). NACA designates as safety-sensitive: direct patient care, medication handling, driving or operating vehicles or equipment for NACA (HR 405 and HR 406), and positions licensed under A.R.S. Title 32. NACA may remove a cardholder from safety-sensitive duties, including by reassignment or paid or unpaid leave, based on a good-faith belief that the employee is currently using marijuana or is impaired, as permitted by A.R.S. 23-493 and 23-493.06.

- Any information about an employee's use of medication will be treated as confidential and shared with NACA personnel only on a need-to-know basis.
 - This Policy does not require or request the prescribing physician or the individual to identify any prescription drug or the medical condition for which it is prescribed. It is each employee's responsibility to consult with his or her health-care provider and/or to review relevant dosing instructions to determine whether the use of any medication could lead to impairment.
 - NACA reserves the right to transfer, reassign, or, if necessary, place an employee on leave of absence if an employee's ability to perform safely may be compromised by the use of medication.
- E. Drug or Alcohol Testing Consent Form, available at HR: An employee may be (1) randomly selected to take a drug or alcohol test at any time to determine the presence of drugs, narcotics, or alcohol or (2) if there is reasonable suspicion he or she is under the influence of a controlled substance or (3) if the employee exhibits unusual or impaired behavior (specific physical, behavioral, or performance indications) indicating he or she may be under the influence of a controlled substance. Sonora Quest is the contracted laboratory used by NACA for drug and/or alcohol testing.
- F. Testing Program: This policy is NACA's written drug and alcohol testing policy under A.R.S. 23-493.04. It applies to all compensated employees, including directors and the CEO, and applicants are told before an offer that they will be tested. NACA may test applicants after an offer, and employees at random, on reasonable suspicion, and as soon as practicable after a workplace accident to which the employee may have contributed. Tests may screen for marijuana, cocaine, amphetamines, opiates, phencyclidine (PCP), alcohol, and any other substances listed on the testing consent form. Samples are collected by the contracted laboratory under procedures that protect privacy, and positive drug screens are confirmed by the laboratory before any action is taken. NACA pays for all employee testing, and time spent testing is paid work time (A.R.S. 23-493.02, 23-493.03).
- An employee may be asked to take a drug or alcohol test after a workplace accident.
 - Refusal to take a drug test is a violation of this policy. An employee who refuses to submit to a test may be subject to immediate termination of employment.
 - Any individual who tests positive for drug use will be so notified by an independent Medical Review Officer ("MRO") (typically, a medical doctor with an expertise in toxicology), and given an opportunity to provide the MRO with any legitimate reasons he or she may have to explain the positive alcohol or drug test.
 - Any employee who tests positive for illegal substances or alcohol is subject to disciplinary action, up to and including, termination of employment.
 - Individuals may request a copy of their own positive test result. In addition, an individual who tests positive for drugs/alcohol may request his or her positive urine sample be sent to an independent laboratory approved by NACA for a second confirmatory test, at the individual's



expense. NACA reserves the right to suspend, transfer, or take other appropriate action against the individual pending the results of any such re-test.

- All test results shall be treated as confidential and disseminated within NACA only on a need-to-know basis. Test results shall not be released outside NACA without the written consent of the tested individual, except when necessary to defend an action in a grievance, administrative proceeding or court of law.
- G. As a condition of employment with NACA, employees must report any criminal conviction for drug or alcohol related activity occurring in the workplace or while conducting NACA business to the HR within five (5) days of the conviction. HR notifies any federal agency whose grant or contract funds the employee's position within ten (10) days of learning of the conviction, and NACA takes action under this policy within thirty (30) days.
- H. Employees who are convicted or plead guilty or nolo contendere to such drug or alcohol related violations are subject to termination and/or mandatory attendance and successful completion of drug abuse rehabilitation, or similar program, as a condition of continued employment.
- I. Violations of this policy may lead to disciplinary action, up to and including, termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.
- J. NACA will implement this Policy in a manner complying with relevant federal, state, and local law.

POLICY: HR 411	(X) Revision () New	Original Issue Date: 12/23/13 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Tobacco-Free Workplace	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA, for reasons of public health and compliance with Local, State and Federal Laws is to maintain a smoke-free environment by prohibiting the use any smoking products on company premises. This prohibition extends to all public areas in all areas of NACA buildings and in NACA owned, leased and/or rental cars.
- II. **PURPOSE:** To promote a safe and healthy workplace and to promote the health and well-being of the employees.
- III. **SCOPE:** This policy applies to all persons on NACA premises and in NACA owned, leased, or rental vehicles.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 411A, Tobacco-Free Workplace Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 411A, Tobacco-Free Workplace Procedure.
- VI. **REFERENCES:** Smoke-Free Arizona Act, A.R.S. 36-601.01.



POLICY: HR 411A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Tobacco-Free Workplace Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 411A — TOBACCO-FREE WORKPLACE PROCEDURE

- A. A smoke-free environment means no employee, client, patient, or visitor and those affiliated with NACA will be allowed to smoke, carry or hold lighted cigarettes, cigars, pipes of any kind including electronic smoking device, e-cigarette or vaporizer, in any NACA leased or rented buildings or within 20 feet of entry ways or in any NACA owned, leased and/or rental vehicles
- B. “NO SMOKING” signs are posted throughout NACA buildings and in all NACA owned/leased vehicles.
- C. Any person smoking in any NACA buildings shall be notified that NACA is a smoke-free environment and will be asked to discontinue smoking or to exit the building at least 20 feet from entry ways.
- D. Each employee of NACA shall be responsible to comply with this policy ~~and assist with monitoring of this policy by a supervisor who will handle the situation,~~ remind others of the policy when appropriate, and refer repeated violations to a supervisor.
- E. Employees who violate this Policy will be subject to disciplinary action in accordance to the policy.
- F. This Policy does not apply to Traditional Practitioners using traditional herbs and cedar as a healing practice within the NACA environment. Use of traditional tobacco or other Native American herbs in a manner appropriate for Native Americans is allowed during spiritual activities.
- G. NACA prohibits the sale, distribution, advertising or use of all tobacco products and shall deny the use of the agency logo on tobacco paraphernalia such as cigarette lighters, ashtrays, matchbook covers, etc.



POLICY: HR 412	(X) Revision () New	Original Issue Date: 09/02/08 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Sexual and Other Harassment	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 07/20/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is zero tolerance for sexual harassment and other forms of harassment. NACA is committed to providing a working environment in which its employees are treated with courtesy, respect, and dignity. NACA does not tolerate nor condone any actions by any individuals constituting any kind of harassment based on race, color, tribal affiliation, religion, sex, age, national origin, sexual orientation, **gender identity, pregnancy, genetic information,** physical or mental disability or veteran status. NACA is committed to providing a work environment free of harassment.
- II. **PURPOSE:** To promote a workplace free of harassment in order to allow employees to perform their assigned duties without interference.
- III. **SCOPE:** This policy applies to all NACA employees.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 412A, Sexual and Other Harassment Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 412A, Sexual and Other Harassment Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30; Title VII of the Civil Rights Act of 1964; 29 CFR 1604.11; EEOC Enforcement Guidance on Harassment in the Workplace (2024); NACA AG 321.



POLICY: HR 412A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Sexual and Other Harassment Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 412A — SEXUAL AND OTHER HARASSMENT PROCEDURE

A. All NACA employees are provided initial and ongoing training by the HR on the following:

- The definition of sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, written, or physical conduct of a sexual nature by employees, supervisors, clients, patients, or contractors where such conduct is either made an explicit or implicit term or condition of employment, is used as the basis for employment decisions, or has the purpose or effect of substantially interfering with the employee's work by creating an intimidating, hostile, or offensive working environment;
- NACA's Sexual and Other Harassment Policy;
- NACA's Professional Code of Conduct; and
- The procedure to report harassment.

B. NACA prohibits the following behavior:

- Unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive in nature, especially where:
 1. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 2. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 3. Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
- Offensive comments, jokes, innuendos, and other sexually oriented statements.
- Examples of the types of conduct expressly prohibited by this policy include, but are not limited to the following:
 1. Touching, such as rubbing or massaging someone's neck or shoulders, stroking someone's hair, or brushing against another's body;
 2. Sexually suggestive touching;
 3. Grabbing, groping, kissing and fondling;
 4. Violating someone's "personal space";
 5. Offensive whistling;
 6. Lewd and/or sexually oriented comments or jokes;
 7. Derogatory comments or jokes about any person's race, religion, ethnicity, and/or sexual orientation;
 8. Foul or obscene language;
 9. Leering, staring, stalking;
 10. Suggestive or sexually explicit posters, calendars, photographs, graffiti, cartoons, etc.;
 11. Unlawful or offensive letters or poems;
 12. Sitting or gesturing sexually;



13. Offensive e-mails or voicemail messages;
 14. Sexually oriented or explicit remarks, including written or oral references to sexual conduct, gossip regarding one's sex life, body, sexual activities, deficiencies, or prowess;
 15. Questions about one's sex life or experiences;
 16. Repeated requests for dates;
 17. Sexual favors in return for employment requests or threats if sexual favors are not provided;
 18. Sexual assault or rape; or
 19. Any other conduct or behavior deemed inappropriate by NACA.
- C. Harassment does not have to occur on the job or at the work site to be prohibited behavior. The rules and guidelines concerning harassment also apply to business trips, meetings, and conferences away from the regular workplace, work-related social activities and off-the-clock harassment (if off-the-clock harassment creates a hostile work environment). If such behavior results in the loss of productivity, affects personnel actions, or creates a psychologically harmful or unsafe working condition, it is prohibited.
- D. If an employee experiences or observes any job-related harassment or discrimination as described above, ~~the incident is to be immediately reported to their supervisor. If the supervisor is unavailable, or the supervisor is the harasser, the incident is to be reported to the HR or the CEO.~~ the employee reports it promptly to any of the following: their supervisor, the HR Director, any department director, or the CEO. Employees do not have to report to their supervisor first, and may report orally, in writing, or anonymously (HR 413A). If the incident involves the CEO, the employee should immediately report it to HR Director who will report it to the Board President. the employee reports it directly to the Board President or the QI & Compliance Director, and it is handled under AG 321, Responding to Allegations Made Against the CEO. Any supervisor who becomes aware of possible sexual or other unlawful harassment should immediately notify the HR and the CEO. must notify the HR Director the same day.
- E. Within three (3) days of receiving a harassment complaint, ~~the offender's supervisor, the victim's supervisor and the HR Director will meet, review the report, complete an investigation, and make an action plan to resolve the issue.~~ the HR Director, or an investigator the HR Director designates, begins an investigation; no one with a conflict takes part, and if the HR Director has a conflict the CEO designates the investigator. The investigation is completed within thirty (30) days when possible, interim protective measures are put in place as needed, and both parties are told the outcome in writing. The victim and an advocate of his/her choice have the option of attending the meeting of the supervisors and CEO. The offender has the option of a separate meeting with the supervisors and HR Director. The complainant may bring a support person to interviews, and the respondent has an opportunity to respond to the allegations. If the harassment complaint is against the CEO, the NACA Board President, or designee, will participate in the complaint resolution process. directs the investigation under AG 321.
- F. NACA prohibits any retaliation against an employee expressing a concern or making a complaint of sexual or other harassment. If an employee believes there has been retaliation in response to identifying a concern or making a complaint about sexual or other harassment, the incident is to be reported to HR. If the retaliation is perceived to be from the CEO, the incident is to be reported to the HR Director who will report it to the NACA Board President. directly to the Board President



or the QI & Compliance Director under AG 321.

- G. Harassment of employees by patients, visitors, vendors, or contractors is reported the same way, and NACA takes reasonable steps to stop it.
- H. Any NACA employee who commits sexual harassment or who harasses another NACA employee is subject to disciplinary action, up to and including, termination of employment.
- I. Supervisors who tolerate sexual or other harassment, who fail to take appropriate action with reports of sexual or other harassment, or who retaliate against employees who report incidents or file complaints of sexual or other harassment are subject to disciplinary action, up to and including, termination of employment.



POLICY: HR 413	(X) Revision () New	Original Issue Date: 06/01/21 Revised Date: 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Whistleblowing	Author: Human Resources	Approval Date: 07/21/21; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 07/22/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to enable employees to report an activity that is considered illegal, dishonest, or damaging to the organization by one or more employees and/or those affiliated with NACA as specified in this policy. NACA requires all employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Employees and affiliates should practice honesty and integrity in their responsibilities and comply with all applicable laws and regulations.
- II. **PURPOSE:** To provide employees with the reporting process of inappropriate conduct and/or action within the workplace for illegal, dishonest, or damaging activity and for the protection of the employee who report such activity.
- III. **SCOPE:** This policy applies to all NACA employees and to those affiliated with NACA.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 413A, Whistleblowing Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 413A, Whistleblowing Procedure.
- VI. **REFERENCES:** 41 U.S.C. 4712; A.R.S. 23-1501; NACA AG 320 and AG 321; AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.30.



POLICY: HR 413A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Whistleblowing Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 413A — WHISTLEBLOWING PROCEDURE

- A. Each employee of NACA has an obligation in accordance with this Policy to report (1) violations and suspected violations of applicable laws, rules, and regulations; generally accepted accounting and auditing standards; and NACA Policies; (2) financial irregularities; (3) NACA Policies; (4) other matters which are likely to cause harm to NACA; (5) attempts to conceal a violations or evidence of a violation; or (6) retaliation for any report made in good faith pursuant to this policy (collectively, “Violation” or “Violations”).
- B. If an employee has knowledge of or a concern about a Violation, the employee ~~must contact the~~ **contacts the** ~~Quality Improvement/Compliance Director~~ **Quality Improvement/Compliance Director** ~~and Human Resources Director~~ **or the Human Resources Director**, or makes an anonymous report. If either is involved in the concern, the employee contacts the other or the CEO. Concerns involving the CEO go to the Board President under AG 321. Anonymous reports may be made in writing without a name and delivered or mailed to the **Quality Improvement/Compliance Director or the HR Director**. The employee must exercise sound judgement and act in good faith to avoid baseless allegations.
- C. For purposes of this policy, “good faith” means that (1) the reporting individual has a reasonable basis for believing that the report is true and that the facts underlying the report constitute a Violation and (2) the reporting individual is not making the report for the sole purpose of harassing, intimidating, or threatening the job security or status of another person. Employees are subject to discipline up to and including termination of employment for reporting Violations when such report is not made in good faith, as defined above.
- D. The ~~Quality Improvement/Compliance Director~~ **Quality Improvement/Compliance Director** will promptly investigate each report and prepare a written report for the CEO. **When the report involves the Quality Improvement/Compliance Director, or the Quality Improvement/Compliance Director has a conflict, the HR Director investigates instead; when both have a conflict, the CEO designates an independent investigator. Reports of harassment or discrimination are investigated by HR under HR 412A.** If the CEO is the person alleged to have committed the Violation, the report will be submitted to the NACA Board of Directors **through the Board President and handled under AG 321**. Appropriate corrective action will be taken if warranted after the investigation results are received. The identity of the employee making the report, the investigation, the outcome of the investigation, and the corrective action taken (if any) will be kept confidential to the extent permitted by law and to the extent possible, consistent with the needs to conduct an adequate investigation and to inform those individuals who have a business-related need to know.
- E. The employee who reports an alleged Violation is not responsible for investigative activity or for determining fault or corrective measures at any time.



- F. HR gives each employee written notice of whistleblower rights and remedies under 41 U.S.C. 4712 at orientation.
- G. Employees will cooperate with all investigations as directed.
- H. Some examples of Violations include: violations of federal, state, or local laws; billing for services not performed or for goods not delivered; misuse of credit card for unauthorized purchases, fraudulent financial activity, and workplace discrimination, harassment, and violence.
- I. Employees will not be subjected to retaliation, intimidation, harassment, or adverse employee action such as termination, compensation decreases, or poor work assignments as a result of having made a good faith report of a Violation pursuant to this Policy (“Retaliation”). If an employee who reports a Violation believes that he or she has been subjected to Retaliation, the employee must ~~report the Retaliation to both the~~ report the Retaliation to either the Quality Improvement/Compliance Director **QI & Compliance Director** and or the Human Resources Director immediately.
- J. Employees and/or those affiliated with NACA who are found to have violated NACA Policies, including without limitation this Whistleblowing Policy, will be subject to disciplinary action, up to and including termination of employment and possible legal action.

POLICY: HR 419	(X) Revision () New	Original Issue Date: 02/17/16 Revised Date: 03/24/17; 09/01/20; 09/01/23; 05/04/26; 09/22/26 Approved by: Board of Directors
Early Identification, Assessment, and Management of Suicide Risk	Author: Human Resources	Approval Date: 07/19/17; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 05/20/26; 10/21/26 Effective Date: 02/18/16; 07/20/17; 06/20/19; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 05/21/26; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to provide supportive, caring interventions and follow-up services through assessment and supporting of suicide risk of NACA employees, clients, and the general community. This includes immediate referrals to appropriate services, information, and resources that are evidenced based and best practices.
- II. **PURPOSE:** To create a quality structured framework for early identification, assessment, and supporting of suicide risk. To establish an appropriate protocol to be initiated in response to suicide. To offer appropriate evidence based and best practices care. To provide training and resources for a caring, confident, and competent workforce. To assess quality improvement via feedback loops and data collection.
- III. **SCOPE:** This policy applies to all NACA employees and addresses suicide risk among NACA employees, clients, and the general community.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 419A, Early Identification, Assessment, and Management of Suicide Risk Procedure, which the Human Resources Director updates operationally without Board re-approval. Behavioral Health provides consultation as set out in HR 419A. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 419A, Early Identification, Assessment, and Management of Suicide Risk Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.170.20; IHS/UIO On-Site Review Manual, Human Resources Requirements (annual mandatory education).



POLICY: HR 419A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Early Identification, Assessment, and Management of Suicide Risk Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 419A — EARLY IDENTIFICATION, ASSESSMENT, AND MANAGEMENT OF SUICIDE RISK PROCEDURE

A. Protocol for Workplace Preparedness Training

- All NACA employees and new hires must receive mandatory training in suicide alertness through the safeTALK every year and Applied Suicide Intervention Skills Training (ASIST) every two (2) years. Exception to this policy may be approved by the HR. Employees who are affected by a recent experience will be excused from suicide training for a period of one (1) year. Employees are encouraged to seek NACA EAP services immediately upon an experience of suicide to cope with the grieving. Training for new hires should be within the first six (6) months of employment.
- Annual training for all staff. A copy of the Certificate of Completion for safeTALK and ASIST shall be placed in the employee's personnel file and monitored on annual basis by HR. NACA Behavioral Health (BH) staff will receive training in Collaborative Assessment and Management of Suicidality (CAMS) and Assessing and Managing Suicide Risk (AMSR). NACA Behavioral Health staff will receive training in Evidence-Based Care: Cognitive Behavior Therapy (CBT) for Suicide Prevention (CBT-s) and/or Dialectical Behavior Therapy (DBT). Due to Behavioral staff required to have additional suicide trainings, they will not be subject to the annual safeTALK and ASSIST training.
- Employee who are trainers for safeTALK and/or ASIST will not need to complete the required training for which they were trained to be a trainer. Trainers will need to provide the recent safeTALK and/or ASIST training certification to HR.

B. Consultation

- If, at any time, you have a concern or see signs of suicidality in employee or general public, Terros Health should be contacted immediately. **If anyone is in immediate danger, call 911. The 988 Suicide & Crisis Lifeline is available by call or text.** If a patient, you have the option to contact BH for a consultation. Consultations are confidential; however, BH professionals may have a duty to report; your consultation will be kept confidential.



POLICY: HR 420	(X) Revision () New	Original Issue Date: 01/02/14 Revised Date: 03/24/14; 03/24/17; 09/01/20; 09/01/23; 09/22/26 Approved by: Board of Directors
Sudden Death of Employee, Patient, or Client	Author: Human Resources	Approval Date: 03/26/14; 12/31/20; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 04/01/17; 01/01/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to commit to supportive, caring interventions in the event of the sudden death of an employee, patient, or client to include timely notification to employees, grief assistance, and information and resources appropriate to the event based on best practices.
- II. **PURPOSE:** To establish a protocol to be initiated in the event of the sudden death of an employee, patient, or client.
- III. **SCOPE:** This policy applies to all NACA employees and addresses the sudden death of an employee, patient, or client.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 420A, Sudden Death of Employee, Patient, or Client Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 420A, Sudden Death of Employee, Patient, or Client Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.



POLICY: HR 420A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Sudden Death of Employee, Patient, or Client Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 420A — SUDDEN DEATH OF EMPLOYEE, PATIENT, OR CLIENT PROCEDURE

- A. When an employee of NACA becomes aware of the sudden death of an employee, patient, or client, it is the responsibility of that individual to immediately notify the CEO of all known facts regarding the death. If the death involves a patient on NACA premises or may relate to care NACA provided, staff also follow QRM 320, Adverse Incidents. Communications about a patient's death protect patient privacy under NACA's HIPAA policies.
- B. The CEO, or designee, will verify the facts concerning the death with the appropriate public official, if notification was not by family member or public official. If the event is confirmed, the CEO, or designee, initiates the Sudden Death Protocol as follows:
- Appoint members to the Crisis Management/Response Team and schedule a team meeting. The members of this team vary depending on the department impacted most directly by the sudden death.
 - Notify all appropriate and necessary NACA personnel of the sudden death.
 - Brief front desk personnel on handling calls and requests for information;
 - Notify the Board of Directors and provide updated information, as needed;
 - Act as the contact person for the media.
 - Extend condolences to the immediate family and arrange appropriate representation at memorial services.
 - The CEO may choose to delegate these responsibilities as needed.
- C. The Crisis Management/Response Team will meet to designate the Crisis Management Team Leader. The Leader is responsible for orchestrating the emotional first aid activities for the next few days. This person will serve as the “hub” of information and will direct the Team’s daily activities. Responsibilities of the Crisis Management/Response Team include:
- Publicly notify and update NACA personnel with any new information.
 - If the sudden death is a suicide, instruct employees on not confirming causation with anyone.
 - Mitigate rumor and/or misinformation.
 - Identify a support center area for employees needing support and counseling.
 - Collect and disseminate memorial service information;
 - If the death is regarding a NACA employee:
 1. Prepare a scripted statement to be made via telephone to patients/clients and prepare a letter to be sent to those patients/clients not contacted by phone. Share with employees.
 2. Arrange for removal of contents of deceased employee’s workspace. The contents are kept in the CEO’s office for the family of the deceased;
 3. Delegate removal of deceased employee’s name from all mailing or calling lists.
 4. Delegate distribution of the deceased employee’s caseload and or schedule, as



applicable.

5. Designate a representative from NACA to attend the memorial service and/or visit the family.
 6. The HR Department will contact the family regarding benefits information.
- Daily meetings at the end of the workday to update the Team and coordinate ongoing Team activities. Review and respond to any questions and/or requests from employees.
 - Two weeks following the memorial service, conduct a debriefing to address the following questions:
 1. What worked well in dealing with this event?
 2. What improvements need to be made?



POLICY: HR 425	(X) Revision () New	Original Issue Date: 10/04/21 Revised Date: 09/01/23; 10/09/25; 09/22/26 Approved by: Board of Directors
Security Policies and Protocols	Author: Human Resources	Approval Date: 10/20/21; 10/07/23; 11/20/24; 10/15/25; 10/21/26 Effective Date: 10/21/21; 10/10/23; 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is to recognize its responsibility to provide a safe and secure environment for all employees, patients, contractors, and guests at all NACA healthcare facilities, property, and events.

To ensure employees working in the Family Health Clinic (FHC) or any other NACA facilities are aware of the importance of their contributions toward ensuring a safe and secure work environment.
- II. **PURPOSE:** The primary objective is the safety and security of staff to ensure that those individuals who would cause harm to patients, staff and visitors or steal property are not allowed to enter the NACA buildings.
- III. **SCOPE:** This policy applies to all employees, patients, contractors, and guests at NACA healthcare facilities, property, and events.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 425A, Security Policies and Protocols Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 425A, Security Policies and Protocols Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.40; ADM.160.20; A.R.S. 12-781.



POLICY: HR 425A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Security Policies and Protocols Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 425A — SECURITY POLICIES AND PROTOCOLS PROCEDURE

- A. Public access to the FHC is only through the main entrance doors of the building during business hours.
- B. Patients, visitors, and guests are not allowed entry to the FHC through the employee only entrance door nor any emergency exit doors.
- C. Only authorized employees or escorted patients and visitors are allowed into the restricted areas: medical treatment/exam rooms, medical records, medical registration, IT server rooms, and Behavior Health offices.
- D. No person(s) should enter restricted areas unless escorted by an authorized NACA employee.
- E. All NACA visitors and patients must register at the Reception Desk and be issued a Visitor Pass.
- F. All contractors, vendors and representatives of federal, state, and local agencies shall register at the Reception Desk and be issued a Visitor Pass to access restricted areas of the FHC.
- G. All security doors are locked for security purposes after 5:00 p.m. Access is only via employee issued security swipe card(s).
- H. All doors leading to the restricted areas of the building shall not be unlocked or propped open at any time.
- I. All exterior doors and windows shall not be propped open at any time.
- J. Only authorized NACA employees are allowed to enter the building during non-business hours for work purposes only. Employees must be always in possession of NACA ID badges.
- K. Public access is allowed to the building for attending meetings duly posted at public venues.
- L. Former NACA employees and/or volunteers no longer associated with NACA are not allowed on NACA property unless they are seeking services through NACA as a client.

SECURITY OF EQUIPMENT AND POSSESSIONS:

- M. No equipment such as laptops and projectors for example should be left unattended in meeting or conference rooms.



- N. Personal possessions are the responsibility of the individual.
- O. Any thefts or losses must be reported immediately to the Supervisor, ~~Quality Improvement/Compliance Director~~ **QI & Compliance Director**, CEO, and to the Police if appropriate.
- P. Upon leaving the office, all filing cabinets that hold sensitive information/material must be locked and keys stored in a secure location. All internal doors shall be locked, windows checked and secured.
- Q. Employees who violate any section of this policy could be subject to disciplinary action, up to including termination of employment.

WORKPLACE VIOLENCE AND AGGRESSION:

- R. Employees report any threat, aggressive behavior, or act of violence immediately to their supervisor and complete an Incident Report under QRM 310.
- S. Staff use de-escalation, keep a safe distance and a clear exit path, and do not physically restrain anyone.
- T. If anyone is in immediate danger, staff call 911 and alert others using the facility emergency procedure.
- U. After an event, the supervisor and the QI & Compliance Director review it, offer affected employees support, including referral to counseling resources through HR, and report the review to the Quality Improvement Committee.
- V. This procedure applies at every NACA site, program, and event. Firearms, explosives, and other weapons are not permitted in NACA facilities, in NACA vehicles, at NACA events, or while on NACA business, except that a lawfully possessed firearm may be kept locked and out of sight in an employee's or visitor's own private vehicle as permitted by A.R.S. 12-781. On-duty law enforcement officers are exempt.



POLICY: HR 500	(X) Revision () New	Original Issue Date: 03/16/05 Revised Date: 03/24/14; 09/01/20; 09/01/23; 04/01/24; 10/09/25; 09/22/26 Approved by: Board of Directors
Credentialing and Privileging of Licensed Independent Practitioners	Author: Human Resources	Approval Date: 03/26/14; 12/31/20; 10/07/23; 05/15/24; 10/15/25; 10/21/26 Effective Date: 04/01/14; 01/01/21; 10/10/23; 05/16/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** The policy of NACA is all licensed independent practitioners who provide direct patient and/or client care shall be credentialed and privileged prior to providing direct services to patients and clients. Licensed independent practitioners shall have an initial review of their professional credentials and shall undergo re-credentialing and privileging every two (2) years.
- II. **PURPOSE:** To provide quality medical and behavioral health services to NACA patients and clients by maintaining a credentialing and privileging program for licensed independent practitioners employed or contracted by NACA.
- III. **SCOPE:** This policy applies to all licensed independent practitioners who provide direct patient and/or client care at NACA.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 500A, Credentialing and Privileging of Licensed Independent Practitioners Procedure, which the Human Resources Director updates operationally without Board re-approval. Credentials are reviewed, and appointments and privileges granted, by the Human Resources Director, Medical Director, Chief Executive Officer, and Board President, as set out in HR 500A. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 500A, Credentialing and Privileging of Licensed Independent Practitioners Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) CPV.100; CPV.130 through CPV.210; HRSA Health Center Program Compliance Manual Ch. 5 (Clinical Staffing) and Ch. 21 (FTCA Deeming Requirements); IHS/UIO On-Site Review Manual, Medical Staff credentialing; National Practitioner Data Bank, 45 CFR Part 60.



POLICY: HR 500A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Credentialing and Privileging of Licensed Independent Practitioners Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 500A — CREDENTIALING AND PRIVILEGING OF LICENSED INDEPENDENT PRACTITIONERS PROCEDURE

- A. Medical Staff – The term “Medical Staff” shall include health care providers who are licensed or otherwise permitted by Arizona State law to provide services independently within the scope of the profession and in accordance with individually granted privileges.
- The Medical Staff may include physicians (M.D. and D.O.), psychiatry, podiatrists, certified nurse practitioners, and physician assistants.
 - The Allied Health Professional and Allied Health Staff may include licensed independent social workers, licensed masters-prepared and bachelor-prepared social workers, psychologists, licensed alcohol counselors, licensed professional counselors, and registered dietitians.
- B. NACA recognizes the following categories as part of the Medical Staff when needed:
- *Initial Appointment* – New licensed independent practitioners of the Medical Staff serving a required probationary period of 90 days must undergo credentialing and privileging as specified in this policy.
 - *Temporary Appointment* – Temporary appointments may be granted when necessary for staff shortage and/or urgent patient care need arises. Temporary appointments must undergo credentialing and privileging specified in this policy and will not exceed 180 days unless ~~deemed unnecessary~~ **an extension is approved by the Medical Director.**
 - *Locum Tenens Appointment* – Locum tenens may be granted to a practitioner to cover the practice of a current member of the Medical Staff provided the credentialing and privileging is granted as ~~specified in this policy~~ **specified in this policy**. The locum tenens appointment will not exceed 180 days unless ~~deemed unnecessary~~ **an extension is approved by the Medical Director.**
 - *Affiliated (Consultant)* – Medical Staff members who provide services on a periodic or episodic basis (e.g., specialty clinics) who may or may not be NACA employee. A Medical Staff member who occasionally sees patients and/or clients may join the Medical Staff as an Affiliate member after all contractual agreements are finalized by NACA.
- C. All individuals who are eligible and have membership on the Medical Staff, by virtue of their professional discipline, and who provide, or expect to provide, direct and independent patient and/or client care services at NACA or under auspices, must have a documented current review of their credentials on file. Before delivering health care services to any patient or client, the applicant for Medical Staff membership shall undergo a credentials review by the contract service provider as detailed below and be admitted to membership by the Medical Executive Committee. The HR Director, Medical Director, Chief Executive Officer and the Board President will review the credentials and grant Primary Care Staff appointment and grant medical/clinical privileges. (See



HR for Membership Application and for Privileging Application.)

- D. Credentialing/Privileging file shall be maintained for each applicant for ~~Medical~~ **Medical** Staff membership by HR and by the contract service provider.
- E. Credentialing/Privileging files shall be kept confidential and secured at all times. They shall have limited authorized access by NACA personnel as designated by the CEO and HR Director. A log of any disclosures of information contained in the Credentialing/Privileging files shall be maintained by HR. Credentialing/Privileging files shall be retained for a minimum of five (5) years after separation from NACA. Records of unsuccessful applicants for medical staff membership will be retained for three (3) years.
- F. The review of credentials shall, at a minimum, address the following areas, noting the special considerations in each. All information requires independent verification:
- Professional Education – All Medical Staff members shall provide a diploma indicating graduation from a professional school accredited by a nationally-recognized accrediting body, appropriate for the member's professional discipline.
 - Post-Graduate Training
 1. All Primary Care Staff members whose professional disciplines require post-graduate clinical training must possess certification of such training in a program accredited by a nationally recognized accrediting body.
 2. Any internships, residencies, fellowships or other organization professional training completed should be specified, including dates of participation, location, type of program and name of Program Director.
 - Experience – The lapsed time since graduation from professional school should be accounted for with a summary of jobs or ~~Medical~~ **Medical** Staff memberships, location dates, and types of activities or privileges.
 - Board Certification and Professional Affiliations – Any board certification(s) held by an applicant or any professional association(s) to which an applicant is affiliated with should be noted.
 - Licensure – All members of the Medical Staff shall hold an active and unrestricted license, certification or registration, as applicable, to practice independently in their professional field.
 - Suitability for membership – All applicants for initial appointment to the Medical Staff shall furnish information pertaining to:
 1. Professional liability claims made against them;
 2. Professional liability judgment against them;
 3. Previous denial or revocation of Medical Staff membership at another facility;
 4. Previous reduction, suspension, revocation of non-renewal of privileges at another facility;
 5. Problems with alcohol or drug abuse.
 6. Previous loss, suspension, restriction, or denial of professional licensure or professional licensure or professional society membership.
 7. Convictions involving crimes against children.
 8. Fitness for duty form.
 9. Verification for immunizations and communicable disease per health center protocol.
 - References – All applicants for Medical Staff membership shall provide three (3) reference



from persons who can attest to the applicant's professional performance and clinical judgment, competence, character in general, and with particular reference to the intended scope of practice at NACA (i.e., specialty, patient/client, age groups and any subspecialty focus of practices). For those applicants completing professional school or post-graduate clinical training within the past 12 months, one letter of reference must be from the training program. For those applicants currently serving as Medical Staff members at another facility, one letter of reference must be from the Chief of Staff or departmental chairperson from each facility where the applicant is an active Medical Staff member.

- G. National Practitioner Data Bank (NPDB) – Prior to appointment and reappointment, the granting of clinical privileges, or the provision of direct care to patients or clients, NACA shall query the NPDB on each applicant for Medical Staff membership. A printout of the query at www.npdb.com shall be kept in the member's Credentialing/Privileging file. This requirement shall apply to all categories of Medical Staff appointment including temporary appointments.
- H. Verification – The contract service provider will review all credentialing information obtained from a Medical Staff member for verification of reference forms, letters, phone calls or notarized copies of documents and certificates for a reasonable level of assurance the information contained in the application form is accurate and complete. Licensure, education, post-graduate training, board certification, and DEA registration are verified with the primary source, and SAM.gov and OIG exclusion checks are completed, before appointment and at reappointment.
- I. Renewal of Membership – All members of the Medical Staff must first complete the required membership application and privileging forms for reappointment. Renewal is neither automatic nor guaranteed. The Medical Staff appointment shall be for a period of two (2) years. Every two (2) years, each Medical Staff member must apply for reappointment and continued privileges. Renewal of privileges requires a query of the NPDB every two (2) years.
- J. Clinical Privileges – The granting of clinical privileges is distinct from the granting of Medical Staff membership, though both result from careful review and consideration of an applicant's credentials.
- General Guidelines - New providers shall apply for clinical privileges by completing the MEDICAL STAFF APPLICATION for PRIVILEGES (see HR). Desired privileges are indicated on the checklist. Consultants or other providers who provide care in NACA's facilities, but are not employed full-time (e.g., Locum Tenens) must also follow the procedure of privileging.
 - Site Specific – The clinical privileges granted to members of the Medical Staff are specific to the individual and to the site or sites within the organization where patient care is rendered. Privileges will be based not only on the applicant's qualifications, but also on a consideration of the procedures and types of care to be performed within a specific clinical setting. In addition, state law and regulation are adhered to when granting clinical privileges to practitioners other than physicians (for example, physician assistants or nurse practitioners). If an applicant's training and experience is in a specific area, corresponding privileges can be granted only if the clinical site has adequate facilities, equipment, number and types of qualified support personnel, and other required support services.
 - Current Competence – The initial granting, renewal, or revision of clinical privileges will be based on the individual's demonstrated current competence. Current competence is



determined, in part, by a review of relevant results of performance improvement activities, including peer review under QRM 500. Specific instances of treatment outcomes and the results of other improvement activities may also be included. An evaluation of the applicant's clinical judgment, technical skill in performing procedures and ~~inpatient~~ treatment and management are included in evaluations of current competence.

- Relevance – Clinical privileges granted to licensed independent practitioners include only those activities performed in the organization and are relevant to the Mission of the organization.
 - Discontinuing Appointments, Curtailing Clinical Privileging, and Appeals – All Discontinuing Appointments, Curtailing Clinical Privileges, and Appeals will be handled in accordance with the Medical Staff Bylaws, Article 8 & 12, Hearing & Appeals Procedures.
- K. All Medical Staff, Health Professional and Allied Health Staff will be informed in writing of the outcome of their membership and privileging upon completion of the review by the Medical Director.
- L. The CEO is responsible for ensuring the credentialing and privileging process is carried out for every member of the Medical Staff prior to service delivery. The HR shall be granted the authority to carry out all such activities as maybe necessary for the collection of data for credentialing and privileging.



POLICY: HR 501	(X) Revision () New	Original Issue Date: 11/11/24 Revised Date: 09/22/26 Approved by: Board of Directors
Policy for Teaching Activities Involving Students in the Ambulatory Health Setting	Author: Human Resources	Approval Date: 11/20/24; 10/15/25; 10/21/26 Effective Date: 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** It is the policy of Native Americans for Community Action, Inc (NACA) to provide high-quality educational experiences for students through structured teaching activities.
- II. **PURPOSE:** The purpose of this policy is to create a collaborative educational environment that benefits students, healthcare professionals, and patients alike. This commitment to structured teaching activities will not only enhance student learning but also contribute to the overall quality of care provided within our organization.
- III. **SCOPE:** This policy applies to students engaged in structured teaching activities at NACA and to the NACA staff who teach and supervise them.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 501A, Policy for Teaching Activities Involving Students in the Ambulatory Health Setting Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 501A, Policy for Teaching Activities Involving Students in the Ambulatory Health Setting Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.140.70; IHS/UIO On-Site Review Manual, Human Resources Requirements (students and postgraduate trainees).



POLICY: HR 501A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Policy for Teaching Activities Involving Students in the Ambulatory Health Setting Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 501A — POLICY FOR TEACHING ACTIVITIES INVOLVING STUDENTS IN THE AMBULATORY HEALTH SETTING PROCEDURE

- A. Foster Student Learning: NACA offers students practical, hands-on experience in a real-world healthcare and behavioral health environment, enhancing their understanding of clinical practices and patient care.
- B. Enhance Interprofessional Collaboration: NACA promotes teamwork and communication between students, faculty, and healthcare professionals, fostering a collaborative learning environment.
- C. Ensure Quality Education: NACA maintains high educational standards by aligning teaching activities with the curriculum and objectives set by partnering educational institutions.
- D. Support Patient Care: NACA integrates student learning activities in a manner that complements and supports the delivery of patient care, ensuring that students contribute positively to the healthcare team.
- E. Document and Evaluate: NACA establishes clear documentation and evaluation processes to assess the effectiveness of teaching activities and their impact on both student learning and patient outcomes.
- F. Agreement with Educational Institutions: NACA develops formal agreements with schools and educational institutions outlining the roles, responsibilities, and expectations of both parties regarding student placements, supervision, and evaluation.
- G. Structured Learning Activities: NACA creates structured educational programs that include orientation, mentorship, and hands-on training opportunities for students, ensuring alignment with their academic requirements.
- H. Supervision and Mentorship: NACA designates qualified staff to supervise and mentor students during their clinical experiences, providing guidance and support to enhance learning outcomes.
- I. Assessment of Learning Objectives: NACA collaborates with educational institutions to assess student learning needs and objectives, ensuring that teaching activities are relevant and aligned with their academic goals.
- J. Compliance with Regulations: NACA ensures that all teaching activities comply with relevant



accreditation standards, institutional policies, and healthcare regulations.



POLICY: HR 502	(X) Revision () New	Original Issue Date: 11/11/24 Revised Date: 09/22/26 Approved by: Board of Directors
Publication Works & Activities	Author: Human Resources	Approval Date: 11/20/24; 10/15/25; 10/21/26 Effective Date: 12/02/24; 10/16/25; 10/22/26 Annual Review Date: 10/21/27

- I. **POLICY:** It is the policy of Native Americans for Community Action, Inc (NACA) is to ensure that all publications by NACA employees align with the mission and values of our organization, adhere to ethical standards, and maintain the integrity of NACA services.
- II. **PURPOSE:** The purpose of this policy is to ensure that publications are in alignment with organizational values, promote transparency and trust, support health literacy, protect the organization's reputation, and facilitate review and oversight.
- III. **SCOPE:** This policy applies to all employees, including clinicians, researchers, administrative staff, and any personnel involved in the creation of publications related to their work in the primary care setting.
- IV. **GOVERNANCE:** The Board of Directors approves this policy. The Human Resources Director administers this policy and owns HR 502A, Publication Works & Activities Procedure, which the Human Resources Director updates operationally without Board re-approval. The QI & Compliance Director maintains the annual review cycle and the standards crosswalk.
- V. **PROCEDURE:** Operational steps are set out in HR 502A, Publication Works & Activities Procedure.
- VI. **REFERENCES:** AAAHC Accreditation Handbook for Ambulatory Health Care v45 (2026) ADM.120.40; HR 111, Conflicts of Interest.



POLICY: HR 502A	() Revision (X) New	Original Issue Date: 09/22/26 Revised Date: Owner: Human Resources Director
Publication Works & Activities Procedure	Author: Human Resources	Review: Annual by Human Resources Director Annual Review Date: 10/21/27

HR 502A — PUBLICATION WORKS & ACTIVITIES PROCEDURE

A. Authorship:

- Employees must accurately represent authorship in accordance with ethical standards. Individuals who have made significant contributions to the work should be acknowledged as authors.
- Acknowledgment of contributions from non-authors must be clearly stated in the publication.

B. Conflict of Interest:

- Employees must disclose any potential conflicts of interest related to their research or publications.
- Any research conducted using organization resources may have ownership rights retained by the organization.

C. Content Development:

- All content must be accurate, evidence-based, and relevant to our services and community needs.
- Avoidance of any political statements or endorsements within published content.

D. Patient Confidentiality:

- All publications must comply with HIPAA regulations and protect patient confidentiality. Any patient information used in publications must be anonymized or de-identified, and consent must be obtained if necessary.

E. Review Process:

- Drafts of all publications must be submitted for review to the relevant department heads.
- Final approval must be obtained from the CEO and may require Board of Directors review depending on the content's scope and potential impact.
- Publications that use NACA patient or community data are reviewed for privacy and community impact by the QI & Compliance Director before CEO approval, including any required IRB or tribal review.

F. Ethical Considerations:

- Respect patient privacy and confidentiality in all publications.
- Ensure that all claims made in publications are substantiated by credible sources.

G. Partnerships and Collaboration Guidelines:

- Clear Objectives: Establish clear goals and objectives for any joint publications with partners



or collaborators to ensure alignment with our mission and values.

- Shared Responsibility: Define roles and responsibilities for all parties involved in the publication process, ensuring that each partner contributes effectively and ethically.
- Joint Review Process: All collaborative publications must undergo a joint review process, incorporating feedback from all partners to ensure accuracy and adherence to ethical standards.
- Attribution and Authorship: Clearly outline authorship and attribution in collaborative works to give proper credit and ensure transparency regarding contributions.
- Conflict of Interest: All parties must disclose any potential conflicts of interest related to the publication to maintain integrity and transparency.

H. Distributions:

- Publications should be disseminated through appropriate channels that reach our target audience effectively while maintaining ethical standards.

I. Monitoring and Evaluation:

- The effectiveness of published materials will be periodically evaluated to ensure they meet the objectives outlined in this policy and contribute positively to the community.



MEDICAL RECORDS POLICY MANUAL

List of Medical Records (MR) Policies:

MR 400	Medical Records, General Rule
MR 410	Medical Records Protection Policy
MR 420	Release of Medical Records
MR 430	Request for Medical Records
MR 440	Documentation in Medical Records
MR 450	Electronic Health Record Organization
MR 460	Electronic Health Records Policy for Scanning Documents and Images
MR 470	Annual Archiving and Retrieval of Medical Records
MR 480	Records Retention
MR 490	Medical Records Access Policy
MR 500	Student Access to Electronic Health Records (EHR) in Healthcare Setting

MEDICAL RECORDS POLICY MANUAL

Summary of Changes

AAAHC surveys NACA on an as-needed basis, at least once every three years, rather than annually. This page logs every Board-approved change to the Medical Records policies since the last AAAHC on-site survey, so surveyors and QI staff can see the full history of what changed in the interim at a glance. Following each AAAHC on-site survey, this page is archived to QI & Compliance records and restarted.

Annual Review — January 2026

The Medical Records policies completed annual review in January 2026. The Board of Directors approved all eleven policies on January 21, 2026. This review is the baseline for the entries below.

Policy #	Policy Name	Type	Impact	Summary of Change
MR 400	Medical Records, General Rule	Annual Review	None	Reviewed; no content change.
MR 410	Medical Records Protection Policy	Annual Review	None	Reviewed; no content change.
MR 420	Release of Medical Records	Revision	Moderate	Identity and authorization verification applies to all records requests. Acceptable photo identification is defined (driver's license, tribal, state, or other government-issued ID) and must show the patient's photo, full legal name, address, and birthdate. Subpoenaed records are reviewed by the Medical Director and the Chief Executive Officer before release.
MR 430	Request for Medical Records	Annual Review	None	Reviewed; no content change.
MR 440	Documentation in Medical Records	Revision	Low	Diabetes education curriculum text misplaced in the SOAP Note section is removed. Documentation requirements are unchanged.
MR 450	Electronic Health Record Organization	Revision	Low	Retitled from Patient Chart Filing Order. The Filing Order and Accessibility section is merged into Data Entry, Organization, and Accessibility. No change to staff practice.
MR 460	Electronic Health Records Policy for Scanning Documents and Images	Revision	Moderate	Quality assurance checks cover scanning equipment, image quality, and resolution; the equipment calibration check is removed. Signatory staff verify that all relevant information is captured; comparison against the original paper record is no longer required.
MR 470	Annual Purge of Charts	Revision	Low	The chart storage log is kept in Medical Records only; the copy previously filed in the patient record and the Appendix C reference are removed.
MR 480	Records Retention	Revision	High	Minimum retention for electronic health records increased from six to seven years after the last date of service. Records of minors are kept seven years after the last date of service or until age 21, whichever is later. Records of a deceased physician's patients are kept seven years after the last date of service.
MR 490	Medical Records Access Policy	Revision	Low	Badge access management and revocation at termination are assigned to Human Resources and/or the Chief Executive Officer (previously Human Resources and the Chief Financial Officer).
MR 500	Student Access to Electronic Health Records (EHR) in Healthcare Setting	Annual Review	None	Reviewed; no content change.

Legend — Board Impact Rating: None = annual review with no content change. Low = clarifying, cross-reference, or documentation revision; no change to staff practice. Moderate = operational or procedural clarification. High = new or changed regulatory requirement that changes staff practice or a required timeframe.

Changes Approved Since the January 2026 Review

The entries below accumulate as policies are revised, added, or consolidated, until the next AAAHC on-site survey.

Policy #	Policy Name	Type	Impact	Summary of Change
MR 400	Medical Records, General Rule	Revision	Moderate	Restructured with Scope, Governance, Standards, and References. Governance assigns executive oversight to the Chief Executive Officer, clinical oversight to the Medical Director, compliance oversight to the QI & Compliance Director, and operational management to Health Information Management. The Medical Records Clerk (Lead) is the designated person in charge of clinical records, the Health Information Management Systems Specialist is in charge of the health information system, and the Director of Operations supervises Medical Records operations. Standards cover record ownership, EHR requirements, access controls including the employee exclusion list, documentation, retention, auditing, and training. Record creation, inactive status, provider separation, and closure provisions are carried in MR 450 and MR 480. Board-approved 10/21/26 .
MR 410	Medical Records Protection Policy	Revision	Low	Restructured with Scope, Governance, Standards, and References. Safeguards are organized as administrative, physical, and technical, with periodic access review and revocation at separation. Adds downtime procedures and ties record protection to emergency preparedness and business continuity planning. Board-approved 10/21/26 .
MR 420	Release of Medical Records	Revision	High	Establishes response timeframes for medical and payment record requests: seven business days for patient and Health Care Decision Maker (HCDM) requests; ten business days for continuity-of-care transfers; thirty calendar days for requests unrelated to treatment; and AHCCCS and audit-team timeframes. Verification, review, and offsite retrieval run within these timeframes. The request log records request category, due date, and fulfillment date, with quarterly turnaround review reported to the QIC. AHCCCS members receive copies at no cost. Aligns with A.R.S. § 12-2293 as amended by HB 2557 and AHCCCS AMPM Policy 940 (effective 10/01/26). Board-approved 10/21/26 .
MR 430	Request for Medical Records	Revision	Low	Patient requests are date-stamped and logged on receipt and fulfilled within the MR 420 timeframes. Patient education includes the timeframe for receiving records. Board-approved 10/21/26 .
MR 440	Documentation in Medical Records	Revision	Moderate	Restructured into Policy and MR 440A Procedure. Adds standards for timeliness, authentication, record integrity, amendments and corrections, clinical communications, external clinical information, and documentation audits. Abbreviation and SOAP note requirements are consolidated into standardized documentation. Board-approved 10/21/26 .
MR 450	Electronic Health Record Organization	Revision	Low	Restructured into Policy and MR 450A Procedure. Adds standards for behavioral health and integrated care records, external clinical information, record corrections, and compliance monitoring. Board-approved 10/21/26 .
MR 460	Electronic Health Records Policy for Scanning Documents and Images	Revision	Low	Restructured into Policy and MR 460A Procedure. Adds provider review of scanned clinical documents, duplicate prevention, indexing standards, and quality review. Board-approved 10/21/26 .
MR 470	Annual Archiving and Retrieval of Medical Records	Revision	Moderate	Retitled from Annual Purge of Charts. Restructured into Policy and MR 470A Procedure covering identification of inactive records, archival storage, record inventory, retrieval, and quality review. Fixed on-site and off-site storage periods and the end-of-March purge deadline are removed. Transfer and destruction follow MR 480, and records are not destroyed solely because they are inactive. Board-approved 10/21/26 .

Policy #	Policy Name	Type	Impact	Summary of Change
MR 480	Records Retention	Revision	Moderate	Restructured into Policy and MR 480A Procedure. Adds a legal hold for litigation, investigation, audit, subpoena, and government review that supersedes routine destruction. Records are reviewed before destruction, and destruction documentation records the date, record category, method, and responsible individual or vendor. Public notice is published in local media at least four weeks before the request deadline, and proof of publication is retained. A record becomes inactive after three consecutive years without services. Adds practice closure and transfer provisions. Board-approved 10/21/26.
MR 490	Medical Records Access Policy	Revision	Low	Restructured into Policy and MR 490A Procedure. Access is limited to personnel whose duties require it and is controlled by employee badge access; the medical records area door is locked at all times. Badge access is managed by Human Resources and/or the Chief Executive Officer. Non-approved personnel are escorted, with access approved by the Chief Executive Officer, Medical Director, or Director of Operations. Board-approved 10/21/26.
MR 500	Student Access to Electronic Health Records (EHR) in Healthcare Setting	Revision	Low	Restructured into Policy and MR 500A Procedure covering access authorization, account management, supervised use, documentation, monitoring, breach reporting, and termination of access. Breach reporting covers privacy, confidentiality, security, and access violations. Board-approved 10/21/26.

POLICY: MR 400	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 03/15/24; 11/11/24; 10/07/26 Approved by: Board of Directors
Medical Records, General Rule	Author: QI & Compliance Director	Approval Date: 03/20/24; 11/20/24; 01/15/25; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 12/02/24; 01/15/25; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain complete, accurate, secure, and accessible medical records in accordance with applicable federal, state, tribal, and accreditation requirements. Medical records shall be managed within approved electronic health record (EHR) systems and maintained to support patient care, continuity of care, quality improvement, risk management, and regulatory compliance.

II. PURPOSE: The purpose of this policy is to establish organizational requirements for the management of medical records, including record creation, maintenance, security, access, retention, and oversight of electronic health records in Primary Care and Behavioral Health settings.

III. SCOPE:

This policy applies to:

- All NACA workforce members, contractors, students, volunteers, and authorized users who create, access, maintain, or manage medical records;
- All medical records maintained by NACA, regardless of format;
- All electronic health record (EHR) systems and associated health information maintained by NACA.

IV. GOVERNANCE

Medical record management is governed by:

- The Chief Executive Officer, who retains executive oversight of medical record operations and health information management activities;
- The Medical Director, who provides clinical oversight of medical record requirements and documentation standards;
- The Quality Improvement & Compliance Director, who oversees regulatory compliance, quality monitoring, and medical record policy administration;
- Health Information Management (HIM), which is responsible for operational management of medical records, record security, retention, release of information activities, and user access monitoring.
- The Medical Records Clerk (Lead) is the designated person in charge of clinical records, responsible for the confidentiality, security, and physical safety of records; timely retrieval of requested records; and supervision of the collection, processing, maintenance, storage, access, and use of records.
- The Health Information Management Systems Specialist is the designated person in charge of the health information system.
- The Director of Operations supervises Medical Records operations and owns the Medical Records procedures.

V. STANDARDS

Medical Record Ownership



- Medical records maintained by NACA are the property of NACA.
- Patients retain all rights afforded by law regarding access, amendment, confidentiality, and disclosure of their medical records.

Electronic Health Record System

- The EHR system shall meet applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, AHCCCS requirements, and accreditation standards.
- The EHR system shall support interoperability and information exchange necessary to promote continuity of care.

Access Controls and Confidentiality

- Access to medical records shall be limited to authorized personnel based upon job responsibilities and the minimum necessary standard.
- Unauthorized access, use, or disclosure of patient information is prohibited and may result in disciplinary action.
- Access restrictions shall apply to employee-patients, family members, and other individuals identified through exclusion or confidentiality safeguards.
- The exclusion list will include the employee's spouse, children, and other close personal relationships.
- Modifications to the exclusion list may be made at the discretion of the Chief Executive Officer, Health Information Management, Director of Operations, and the Clinical Registered Nurse.

Documentation Standards

- Medical records shall accurately reflect patient care provided.
- Documentation shall be completed in accordance with organizational policies and professional standards.
- Providers shall review and acknowledge medical information received from external sources in a timely manner.

Retention, Release, and Protection

- Medical records shall be protected, retained, released, transferred, archived, and destroyed in accordance with applicable law and related Medical Records and HIPAA policies.
- NACA shall maintain processes for record retention, release of information, privacy protection, and record security.

Quality Improvement and Monitoring

- NACA shall conduct periodic audits of medical record practices, user access, documentation standards, confidentiality protections, and regulatory compliance requirements.
- Findings shall be addressed through the Quality Improvement program as appropriate.

Training

- Workforce members involved in the use or management of medical records shall receive initial and ongoing training regarding documentation requirements, confidentiality, privacy, security, and medical record procedures.

VI. REFERENCES

- HIPAA Policies and Procedures
- MR 410 Medical Records Protection Policy
- MR 420 Release of Medical Records

- MR 430 Request for Medical Records
- MR 440 Documentation in Medical Records
- MR 450 Electronic Health Record Organization
- MR 460 Electronic Health Records Policy for Scanning Documents and Images
- MR 470 Annual Archiving and Retrieval of Medical Records
- MR 480 Records Retention
- MR 490 Medical Records Access Policy
- MR 500 Student Access to Electronic Health Records (EHR) in Healthcare Setting

POLICY: MR 410	(X) Revision () New	Original Issue Date: 03/08/24 Revised Date: 11/11/24; 10/07/26 Approved by: Board of Directors
Medical Records Protection Policy	Author: QI & Compliance Director	Approval Date: 03/20/24; 11/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 12/02/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain and protect the confidentiality, integrity, and availability of all medical records in its possession. NACA shall implement administrative, physical, and technical safeguards to protect medical records from unauthorized access, disclosure, alteration, loss, destruction, or disruption and shall maintain systems necessary to ensure continuity of operations and patient care.

II. PURPOSE: The purpose of this policy is to establish requirements for the protection, security, backup, recovery, and preservation of medical records and health information to support patient care, organizational operations, regulatory compliance, and business continuity

III. SCOPE

This policy applies to:

- All NACA workforce members, contractors, students, volunteers, and authorized users who access or manage medical records;
- All medical records maintained by NACA, regardless of format;
- All electronic and paper medical records maintained by NACA;
- All systems utilized for the storage, transmission, retrieval, backup, or recovery of medical records.

IV. GOVERNANCE

Medical record protection activities are governed by:

- The Chief Executive Officer, who retains executive oversight of health information protection activities;
- The Medical Director, who provides clinical oversight related to protection of patient information and continuity of care requirements;
- The Quality Improvement & Compliance Director, who oversees compliance, auditing, risk management, and regulatory requirements;
- Health Information Management (HIM), which is responsible for operational oversight of medical record security, protection, storage, access monitoring, and recovery processes;
- Information Technology personnel, EHR vendors, and approved contractors responsible for maintaining technical safeguards and system functionality.



V. STANDARDS

Protection of Medical Records

- Medical records shall be protected against unauthorized access, use, disclosure, alteration, damage, theft, or destruction.
- Medical records shall remain accessible to authorized users for legitimate patient care, operational, regulatory, and legal purposes.
- All workforce members shall safeguard medical records in accordance with organizational policies and applicable law.

Administrative Safeguards

- Access to medical records shall be granted based upon job responsibilities and the minimum necessary standard.
- Workforce members shall receive education regarding confidentiality, privacy, security, and record protection requirements.
- User access shall be reviewed periodically and modified when duties change or employment terminates.
- Unauthorized access or suspected breaches shall be reported and investigated in accordance with organizational policies.

Physical Safeguards

- Paper records and other physical media containing patient information shall be stored in secure locations with controlled access.
- Areas used to store medical records shall be protected from environmental hazards, unauthorized entry, and physical damage.
- Access to medical record storage areas shall be restricted to authorized personnel.

Technical Safeguards

- Electronic medical records shall be protected through user authentication, access controls, encryption, audit capabilities, monitoring systems, and other appropriate security measures.
- Access permissions shall be assigned based on workforce roles and responsibilities.
- Technical safeguards shall support the confidentiality, integrity, and availability of medical records.

Backup and Recovery

- NACA shall maintain medical record backup and recovery capabilities sufficient to support patient care operations and regulatory requirements.
- Backup processes shall include electronic medical records and other critical health information systems.
- Recovery procedures shall be designed to restore access to medical records following system disruptions, disasters, cybersecurity incidents, or other events affecting availability.

Disaster Recovery and Business Continuity

- Medical record protection activities shall be incorporated into organizational emergency preparedness, disaster recovery, and business continuity planning.
- NACA shall maintain procedures for restoring access to medical records following disasters, system failures, cyber incidents, or other interruptions.
- Continuity plans shall support ongoing patient care and access to essential clinical information.

- Downtime procedures shall be maintained to support patient care and documentation activities during periods when electronic systems are unavailable.

Monitoring and Quality Improvement

- NACA shall periodically monitor compliance with medical record protection requirements through audits, risk assessments, access reviews, and quality improvement activities.
- Identified deficiencies shall be addressed through corrective action and performance improvement activities as appropriate.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 450 Electronic Health Record Organization
- MR 460 Electronic Health Records Policy for Scanning Documents and Images
- MR 480 Records Retention
- MR 490 Medical Records Access Policy
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 160 Minimum Necessary
- HIPAA 180 Addressing Business Associate Relationships

POLICY: MR 420	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 03/15/24; 01/09/26; 10/05/26 Approved by: Board of Directors
Release of Medical Records	Author: QI & Compliance Director	Approval Date: 03/20/24; 01/15/25; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 01/15/25; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the secure, accurate, timely, and lawful release of medical records while protecting patient privacy and confidentiality. Medical records shall be released only to authorized individuals or entities and in accordance with applicable federal and state law, including the Health Insurance Portability and Accountability Act (HIPAA), Arizona medical records statutes, and AHCCCS requirements. Requests for medical records shall be processed within required statutory and regulatory timeframes.

II. PURPOSE: The purpose of this policy is to ensure the proper release of medical records to authorized individuals or entities in compliance with all applicable laws and regulations, while safeguarding the confidentiality and privacy of patients' health information.

III. SCOPE

This policy applies to:

- All medical records maintained by NACA;
- All workforce members involved in the receipt, processing, review, authorization, release, transfer, or disclosure of medical records;
- Requests received from patients, Health Care Decision Makers (HCDMs), providers, health plans, AHCCCS, auditors, attorneys, schools, government agencies, and other authorized entities.

IV. GOVERNANCE

- The Chief Executive Officer;



- The Medical Director;
- The Quality Improvement & Compliance Director;
- Health Information Management (HIM);
- Designated Medical Records personnel responsible for processing and documenting medical-record requests.

V. DEFINITIONS

- Business Day: Monday through Friday, excluding NACA-observed holidays.
- Health Care Decision Maker (HCDM): An individual authorized by law to make health care decisions on behalf of a patient.
- Continuity of Care Request: A request made to support current or upcoming medical treatment, care coordination, referral management, or transfer of care.
- Release of Information (ROI): Disclosure of medical records or protected health information to an authorized individual or entity.

VI. STANDARDS

Authorization Requirements

- Medical records shall be released only upon valid authorization or as otherwise permitted or required by law.
- Authorization forms must identify the patient, recipient, information requested and be signed by the patient or authorized representative.
- Authorization validity shall comply with applicable legal requirements.

Identity Verification

- NACA shall verify the identity and authority of all individuals requesting medical records prior to release.
- Acceptable forms of identification include tribal, state, or government-issued photo identification.
- Organizational requests must originate from authorized representatives of the requesting entity.

Response Timeframes

- NACA shall comply with all applicable release-of-information timeframes.
- NACA shall provide access to or copies of medical records and payment records within seven (7) business days of receiving a valid request from the patient or the patient's Health Care Decision Maker (HCDM).
- Medical records requested to support continuity of care, care coordination, provider referral, or transfer of care shall be forwarded within ten (10) business days of receipt of a valid request.
- Requests associated with litigation, insurance underwriting, schools, deceased patients, or other non-treatment purposes shall be fulfilled within thirty (30) calendar days of receipt.
- Requests received from AHCCCS shall be fulfilled within twenty (20) business days.
- Documentation requested by AHCCCS audit teams, Fee-for-Service auditors, or Managed Care Organizations shall be provided within one (1) business day.
- Requests identified as urgent due to member health or safety concerns shall be provided within two (2) hours whenever feasible.

Confidentiality and Security

- Medical records shall be released using methods that protect confidentiality and prevent unauthorized disclosure.



- Electronic transmission of health information shall use approved secure methods.
- Workforce members shall comply with HIPAA privacy and security requirements during all release-of-information activities.

Release Documentation

- NACA shall maintain documentation of all requests, authorizations, disclosures, denials, and fulfillment activities.
- A medical-record request log shall be maintained and include:
 - Date received;
 - Requestor;
 - Request category;
 - Due date;
 - Date fulfilled;
 - Date denied, if applicable.

Fees

- NACA may charge fees for copying, mailing, or transmission of medical records when permitted by law.
- Patients shall be informed of applicable fees prior to release.
- AHCCCS members and their HCDMs shall receive copies of medical records at no cost as required by AHCCCS policy.

Amendments

- Patients requesting amendments to their medical records shall follow the process established by NACA and applicable law.
- Requests for amendment shall be reviewed by the Medical Director or designee.

Monitoring and Quality Improvement

- Release-of-information activities shall be monitored through periodic auditing and quality-improvement activities.
- Request-log turnaround times shall be reviewed quarterly.
- Results shall be reported to the Quality Improvement Committee (QIC) as appropriate.

VII. REFERENCES

- HIPAA 110 Access to Protected Health Information by an Individual Receiving Services
- MR 400 Medical Records, General Rule
- MR 430 Request for Medical Records
- Arizona Revised Statutes § 12-2291 through § 12-2297
- AHCCCS AMPM Policy 940
- HIPAA Privacy Rule



MR 420A – Release of Information Procedure

Owner: Director of Operations | Review: Annual by QIC

Receipt of Request

- Medical record requests may be received by mail, fax, secure electronic transmission, patient portal, or in person.
- Upon receipt, Medical Records or Health Information Management (HIM) staff shall:
 - Date-stamp the request;
 - Verify completeness of the request;
 - Determine the request category;
 - Enter the request into the Medical Records Request Log.
- Request categories include:
 - Patient or Health Care Decision Maker (HCDM);
 - Continuity of Care Request;
 - Non-Treatment Related Request;
 - AHCCCS Request;
 - Audit Request;
 - Subpoena or Legal Request.

Verification of Identity and Authority

- Prior to releasing records, staff shall verify the identity and authority of the requestor.
- Acceptable identification includes
 - Tribal Identification Card;
 - Driver's License;
 - State Identification Card;
 - Government-Issued Photo Identification.
- When a request is submitted by an HCDM, guardian, legal representative, attorney, or other authorized party, staff shall obtain documentation establishing authority to receive records.
- Organizational requests shall be verified to ensure the request originates from an authorized representative of the requesting entity.

Review of Authorization

- Medical Records personnel shall review all authorizations to ensure they:
 - Identify the patient;
 - Identify the recipient;
 - Specify the records requested;
 - Contain required signatures;
 - Meet applicable legal requirements.
- Incomplete, expired, illegible, or otherwise invalid authorizations shall be returned for correction.
- Processing timeframes begin upon receipt of a valid request and required supporting documentation.

Special Request Review

- Subpoenas and Legal Requests



- Subpoenas shall be reviewed by the Medical Director and Chief Executive Officer or designee prior to release.
 - Only records authorized by law or specifically requested shall be disclosed.
- Amendments
 - Requests for amendment of medical records shall be forwarded to the Medical Director or designee for review.
 - Amendment requests shall be processed in accordance with applicable Medical Records and HIPAA policies.

Retrieval and Preparation of Records

- Medical records staff shall retrieve the requested records from:
 - Electronic Health Record (EHR);
 - Archived electronic systems;
 - Scanned records;
 - Offsite storage, when applicable.
- Staff shall verify that:
 - The correct patient record has been retrieved;
 - The requested dates of service are included;
 - Records are complete and legible;
 - Sensitive information is handled in accordance with applicable law.
 - Only the minimum necessary information shall be released when legally applicable.

Release of Records

- Records may be released through:
 - Secure patient portal;
 - Secure electronic transmission;
 - Encrypted email when authorized;
 - Fax to authorized entities;
 - Mail;
 - In-person pickup.
- Staff shall utilize secure transmission methods to protect confidentiality.
- The method of release shall be documented in the patient's record or disclosure log.

Fee Processing

- Applicable fees shall be communicated to the requestor prior to release when permitted by law.
- AHCCCS members and their HCDMs shall receive copies of medical records at no cost.
- Release shall not be delayed pending fee collection when prohibited by law or payer requirements.

Documentation of Disclosure

- For each request, staff shall document:
 - Date received;
 - Requestor name;
 - Request category;



- Due date;
- Date fulfilled;
- Method of transmission;
- Staff member processing the request;
- Date denied, if applicable.
- A copy of the authorization and supporting documentation shall be maintained as part of the release-of-information record.

Denial of Request

- Requests may be denied only when permitted by law.
- Denials shall:
 - Be reviewed by appropriate leadership when required;
 - Be documented;
 - Include written notification to the requestor;
 - Include appeal rights when applicable.
- Patient and HCDM denials shall follow the requirements established in HIPAA 110.

Monitoring and Compliance

- HIM shall maintain a Medical Records Request Log.
- Request-log turnaround times shall be reviewed quarterly.
- Findings shall be reported to the Quality Improvement Committee (QIC).
- Delays, trends, or compliance concerns shall be addressed through the Quality Improvement process and corrective action planning, as appropriate.

Documentation Requirements

- The following records shall be maintained:
 - Request form or authorization;
 - Identity verification documentation, when applicable;
 - Disclosure documentation;
 - Request Log entry;
 - Denial documentation, when applicable;
 - Amendment request documentation, when applicable.

Related Policies

- MR 430 Request for Medical Records
- HIPAA 110 Access to Protected Health Information by an Individual Receiving Services
- HIPAA 130 Accounting of Disclosure of Protected Health Information
- HIPAA 160 Minimum Necessary
- MR 400 Medical Records, General Rule

POLICY: MR 430	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 03/15/24; 10/05/26 Approved by: Board of Directors
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Request for Medical Records	Author: QI & Compliance Director	Approval Date: 03/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27
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I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to receive, document, process, and manage requests for medical records in a consistent manner that protects patient confidentiality, supports continuity of care, and complies with applicable legal, regulatory, and organizational requirements. All requests for medical records shall be processed in accordance with MR 420 Release of Medical Records.

II. PURPOSE: The purpose of this policy is to establish organizational requirements for receiving, documenting, and routing requests for medical records and to ensure requests are processed accurately, efficiently, and within required timeframes.

III. SCOPE

This policy applies to:

- Patients and Health Care Decision Makers (HCDMs);
- NACA workforce members receiving or processing requests for medical records;
- Health Information Management (HIM);
- Medical Records personnel;
- Clinical personnel involved in obtaining or transmitting medical records

IV. GOVERNANCE

Medical-record request activities are governed by:

- The Chief Executive Officer;
- The Medical Director;
- The Quality Improvement & Compliance Director;
- Health Information Management (HIM);
- Designated Medical Records personnel responsible for request processing and documentation.

V. DEFINITIONS

- Health Care Decision Maker (HCDM): An individual authorized by law to make health care treatment decisions on behalf of a patient.
- Medical Records Request: A request for access to, inspection of, transmission of, or release of medical records or protected health information.
- Request Log: The tracking mechanism used to document receipt, processing, fulfillment, denial, and completion of medical-record requests.

VI. STANDARDS

Receipt of Requests

- Requests for medical records shall be accepted through approved methods including in-person submission, mail, fax, secure electronic transmission, patient portal, or other approved processes.
- Requests shall be reviewed for completeness and routed to the appropriate personnel for processing.

Request Documentation

- All medical-record requests shall be date-stamped upon receipt.



- Requests shall be entered into the Medical Records Request Log.
- Documentation shall include the request date, requestor, request category, and processing status.

Identity and Authorization Verification

- Identity and authorization must be verified before records are released.
- Verification requirements shall follow MR 420 Release of Medical Records.

Continuity of Care

- NACA shall support continuity of care by facilitating timely requests for medical records from patients, providers, and authorized entities.
- Requests associated with patient care coordination, referrals, or transfer of care shall receive priority processing in accordance with MR 420.

Patient Education

- Patients shall be informed of their rights regarding access to medical records.
- Patients shall receive information regarding how to request records, request amendments, authorize disclosures, and obtain copies of records.
- Patients shall be informed of applicable response timeframes established under MR 420.

Confidentiality

- All workforce members involved in processing requests shall maintain patient confidentiality and comply with applicable privacy and security requirements.
- Access to medical records shall be limited to authorized personnel.

Compliance Monitoring

- Medical-record request activities shall be monitored through periodic audits and quality-improvement activities.
- Non-compliance may result in corrective action, retraining, or disciplinary action as appropriate.

VII. REFERENCES

- MR 400 Medical Records, General Rule
- MR 420 Release of Medical Records
- HIPAA 110 Access to Protected Health Information by an Individual Receiving Services
- HIPAA 130 Accounting of Disclosure of Protected Health Information
- HIPAA Privacy Rule



MR 430A – Medical Records Request Procedure
Owner: Director of Operations | Review: Annual by QIC

Patient Requests

- Patients requesting medical records shall be provided a Medical Records Request Form.
- Requests may be submitted using approved methods.
- Completed requests shall be forwarded to Medical Records or HIM personnel for processing

Date Stamp and Request Log

- Requests shall be date-stamped on the day received.
- Requests shall be entered into the Medical Records Request Log.
- The request category shall be identified in accordance with MR 420.

Verification

- Staff shall verify patient identity and authorization requirements.
- Incomplete requests shall be returned for correction.

New and Referred Patients

- Patients may be encouraged to obtain records from previous providers before their appointment.
- NACA may request records from external providers after appropriate authorization is obtained.

Provider Requests

- NACA providers may request prior records when clinically necessary.
- Appropriate releases shall be obtained prior to requesting records from external providers

Documentation

- Requests and resulting disclosures shall be documented in the patient's record and request log.
- Request-processing activities shall follow MR 420.

Patient Education

- Patients shall be informed of:
 1. How to request records;
 2. Applicable response timeframes;
 3. Amendment rights;
 4. Privacy rights

Compliance and Monitoring

- Request-log data shall be reviewed through the Quality Improvement process.
- Timeliness and compliance monitoring shall follow MR 420 requirements.

POLICY: MR 440	(X) Revision () New	Original Issue Date: 02/10/05 Revised Date: 03/15/24; 11/11/24; 01/09/26; 10/07/26 Approved by: Board of Directors
Documentation in Medical Records	Author: QI & Compliance Director	Approval Date: 03/20/24; 11/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 12/02/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain medical record documentation that is accurate, complete, timely, authenticated, confidential, and clinically relevant. Documentation shall support continuity of care, patient safety, quality improvement activities, reimbursement requirements, legal and regulatory compliance, risk management, and organizational operations. All workforce members authorized to document in the medical record shall do so in accordance with approved documentation standards and applicable federal, state, tribal, payer, and accreditation requirements. Documentation shall reflect services rendered and support the medical necessity of care provided.

II. PURPOSE: The purpose of this policy is to establish organizational standards for documentation within the medical record and to promote accurate communication, continuity of care, patient safety, quality improvement, regulatory compliance, accreditation readiness, and appropriate reimbursement.

III. SCOPE

This policy applies to:

- All workforce members authorized to document within the medical record.
- All medical, behavioral health, integrated care, and related patient records maintained by NACA.
- All documentation maintained within approved electronic health record systems and associated record repositories.
- All clinical, administrative, care coordination, referral, and patient communication documentation that becomes part of the medical record.

IV. GOVERNANCE

- The Medical Director.
- The Chief Executive Officer.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Department Directors and Supervisors responsible for monitoring compliance within their assigned service areas.
- Licensed providers and clinical leadership responsible for ensuring documentation supports quality patient care and regulatory compliance.

V. STANDARDS

Documentation Requirements

- Documentation shall accurately reflect services provided, patient condition, assessments, interventions, outcomes, referrals, follow-up activities, and communications related to patient care.



- Documentation shall be factual, objective, legible, complete, and clinically relevant.
- Documentation shall support continuity of care among healthcare providers and members of the care team.
- Documentation shall support quality improvement, risk management, utilization review, accreditation activities, grant requirements, and payer requirements.
- Entries shall clearly identify the individual responsible for the documentation.

Timeliness

- Documentation shall be entered into the medical record as close to the time of service as reasonably possible.
- Services provided should be documented on the date of service whenever possible.
- Delayed documentation shall be completed as soon as practical after the service or event occurs.
- Delayed documentation shall not compromise the integrity, chronology, or accuracy of the medical record.

Authentication

- All documentation shall be authenticated by the individual responsible for the entry.
- Electronic signatures, usernames, passwords, and other approved authentication methods shall be used in accordance with organizational policy.
- Documentation requiring provider review, co-signature, or authentication shall be completed within applicable organizational, payer, and regulatory requirements.
- Only approved electronic signature methods may be used.
- Password sharing and use of another individual's credentials is prohibited.

Record Integrity

- Medical records shall maintain a complete and accurate history of patient care.
- Documentation shall not be altered, deleted, backdated, or modified in a manner that obscures the original entry.
- Corrections, amendments, addendums, and late entries shall preserve the integrity of the medical record and maintain an auditable record of changes.

Standardized Documentation

- Documentation shall utilize approved templates, forms, documentation tools, terminology, and abbreviations.
- Non-standard abbreviations should be avoided to reduce the risk of misunderstanding or clinical error.
- Documentation shall be sufficient to support clinical decision-making, coding, billing, quality reporting, and regulatory requirements.

Clinical Communications

- Clinically relevant communications affecting patient care shall be documented in the medical record.
- Communications may include telephone calls, patient portal communications, referrals, consultation reports, care coordination activities, test result notifications, and communication with external providers.
- Documentation shall identify the participants, date, time, clinical content, recommendations, and follow-up actions when applicable.

Confidentiality



- Documentation shall be maintained in accordance with applicable privacy and confidentiality requirements.
- Access to documentation shall be limited to authorized individuals with a legitimate business or clinical need.

Quality Monitoring

- Documentation practices shall be monitored through chart audits, peer review activities, quality improvement initiatives, accreditation preparedness activities, and compliance reviews.
- Documentation deficiencies shall be addressed through education, corrective action, performance improvement activities, or other appropriate interventions.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 450 Electronic Health Record Organization
- HIPAA 1160 Documentation
- Health Insurance Portability and Accountability Act (HIPAA)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 440A – Documentation Standards Procedure
Owner: Director of Operations | Review: Annual by QIC

Authorized Individuals to Document

- Documentation may be completed only by personnel authorized through licensure, certification, credentialing, privileges, training, job responsibilities, organizational policy, or approved scope of practice.
- Authorized personnel may include physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses, certified medical assistants, health technicians, behavioral health providers, psychiatric nurse practitioners, case managers, case coordinators, psychotherapists, substance abuse counselors, registered dietitians, health coaches, health educators, community health representatives, and other approved personnel.

Date and Time Requirements

- All documentation shall include the date and time of the service, event, communication, or entry.
- Electronic systems may automatically record the date and time of documentation.
- Documentation shall identify the individual making the entry.

Late Entries

- A late entry may be used when information was not documented at the time services were rendered.
- The entry shall clearly identify itself as a late entry.
- The date and time the late entry is made shall be documented.
- The late entry shall reference the date of the original service or event being documented.
- Late entries shall not be used to rewrite history, conceal information, or alter previously documented facts.
- Original documentation shall remain intact and visible within the medical record.

Amendments and Corrections

- Corrections shall clearly identify the corrected information while preserving the original entry.
- Amendments shall include the date, time, author, and reason for the amendment when appropriate.
- Electronic corrections shall be completed using approved EHR functionality.

Clinical Encounter Documentation

- Documentation should include relevant history, assessment findings, clinical observations, diagnosis or clinical impression, treatment provided, medications prescribed or modified, referrals, patient education, and follow-up recommendations as appropriate to the service rendered.
- Documentation shall support the medical necessity of services provided.

Vital Signs Documentation

- When obtained, vital signs shall be documented within the medical record.
- Vital signs may include temperature, blood pressure, pulse, respiratory rate, oxygen saturation, height, weight, body mass index, pain assessment, and other clinically indicated measurements.

Telephone and Electronic Communications

- Clinically relevant telephone communications shall be documented in the medical record.
- Documentation should include the date and time of the communication, individuals participating in the communication, clinical advice provided, orders received, actions taken, and follow-up plans when applicable.
- Clinically relevant patient portal messages, electronic communications, and care coordination activities affecting patient care shall be documented or maintained within the medical record.

External Clinical Information

- Laboratory results, imaging reports, consultation reports, discharge summaries, referral reports, and other clinically relevant external records shall be reviewed and incorporated into the medical record as appropriate.
- Providers shall review and acknowledge external clinical information within applicable timeframes.

Documentation Audits

- Documentation compliance shall be monitored through periodic chart audits, peer review activities, quality improvement reviews, compliance assessments, and accreditation preparation activities.
- Audit findings shall be reported through established quality improvement processes and used to support education, corrective action, performance improvement, credentialing review, and risk reduction activities.

POLICY: MR 450	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 03/15/24; 01/09/26; 10/07/26 Approved by: Board of Directors
Electronic Health Record Organization	Author: QI & Compliance Director	Approval Date: 03/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain an organized, accurate, secure, and accessible Electronic Health Record (EHR) system that supports quality patient care, continuity of care, interdisciplinary communication, regulatory compliance, quality improvement activities, reimbursement requirements, and operational efficiency. Patient records shall be organized in a standardized manner to facilitate timely retrieval, review, documentation, and coordination of care.



II. PURPOSE: The purpose of this policy is to establish organizational standards for the organization, maintenance, accessibility, and management of electronic health records and to promote consistent documentation practices across all service areas.

III. SCOPE

This policy applies to:

- All workforce members authorized to create, access, review, manage, or maintain electronic health records.
- All patient records maintained within approved electronic health record systems.
- All medical, behavioral health, integrated care, and related patient information maintained by NACA.
- All electronic documentation, scanned records, imported records, and externally received clinical information that becomes part of the official medical record.

IV. GOVERNANCE

- The Medical Director.
- The Chief Executive Officer.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Department Directors and Supervisors responsible for monitoring compliance within their assigned service areas.
- Workforce members responsible for maintaining accurate and complete patient records.

V. STANDARDS

Patient Chart Creation

- An electronic patient chart shall be created upon the patient's initial encounter with NACA.
- Each patient shall be assigned a unique medical record.
- The electronic health record shall contain demographic, clinical, billing, referral, and other information necessary to support patient care and organizational operations.
- Patient identification shall be maintained through approved patient identifiers.

Data Entry

- Information entered into the electronic health record shall be accurate, complete, timely, and relevant to patient care.
- Documentation shall be entered by authorized personnel acting within their assigned duties and scope of practice.
- Standardized templates, forms, and workflows shall be utilized when available.
- Duplicate records and duplicate documentation shall be minimized through established record-management practices.

Organization of Records

- Patient records shall be organized to support efficient retrieval and review.
- Information shall be maintained within designated sections of the EHR according to organizational standards.
- Clinical information shall be organized in a manner that supports continuity of care, care coordination, quality improvement activities, and regulatory compliance.
- Records shall remain organized regardless of the source of information, including scanned records, imported data, outside records, consultation reports, laboratory reports, and diagnostic results.

Accessibility



- Authorized workforce members shall have access to patient information necessary to perform assigned duties.
- Access shall be role-based and consistent with the minimum necessary standard when applicable.
- Patient information shall be readily accessible to authorized providers involved in patient care.
- The EHR shall support timely access to patient information during routine operations, emergencies, continuity of care activities, and regulatory reviews.

Behavioral Health and Integrated Care Records

- Behavioral health information shall be organized and managed in accordance with applicable legal, regulatory, privacy, and confidentiality requirements.
- Integrated care records shall support communication and care coordination between authorized members of the patient care team.

External Clinical Information

- Laboratory reports, diagnostic studies, consultation reports, referral records, hospital records, and other clinically relevant external information shall be incorporated into the EHR as appropriate.
- External records shall be appropriately indexed, filed, and available for provider review.
- Providers shall review and acknowledge external information in accordance with applicable organizational requirements.
- External clinical information shall be reviewed and incorporated into the patient record in a timeframe that supports continuity of care.

Record Accuracy and Maintenance

- Records shall be maintained in a manner that supports accuracy, integrity, and reliability.
- Errors, duplicate records, and discrepancies shall be corrected in accordance with approved record-management procedures.
- Periodic review activities may be conducted to ensure record integrity and data quality.

Compliance Monitoring

- EHR organization practices shall be monitored through chart audits, quality improvement activities, access monitoring, accreditation preparation activities, and compliance reviews.
- Identified deficiencies shall be addressed through education, corrective action, workflow improvement, or other appropriate interventions.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection Policy
- MR 440 Documentation in Medical Records
- MR 460 Electronic Health Records Policy for Scanning Documents and Images
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 160 Minimum Necessary
- Accreditation Association for Ambulatory Health Care (AAAHHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 450A – Electronic Health Record Organization Procedure

Owner: Director of Operations | Review: Annual by QIC

Patient Record Creation

- A new electronic patient chart shall be created upon the patient's first encounter with NACA.
- Patient demographic information shall be verified during registration and updated as necessary.
- Unique patient identifiers shall be assigned and maintained within the EHR.

Record Maintenance

- Information shall be filed within designated sections of the EHR.
- Documentation shall be entered and maintained according to organizational standards.
- Records received from external sources shall be incorporated into the EHR in a timely manner.

Indexing and Filing

- Clinical documents shall be indexed and filed in a manner that supports efficient retrieval and review.
- Scanned records shall be appropriately labeled and assigned to the correct patient record.
- Duplicate filings shall be corrected when identified.

External Records

- Consultation reports, hospital records, laboratory reports, imaging results, referral records, and other clinically relevant information shall be imported, scanned, or attached to the patient record as appropriate.
- Providers shall review and acknowledge external records in accordance with organizational requirements.

Record Corrections

- Data discrepancies, duplicate records, and filing errors shall be reported to appropriate personnel for correction.
- Corrections shall preserve the integrity of the medical record and comply with organizational documentation standards.

Quality Review

- Periodic audits may be conducted to evaluate chart organization, indexing accuracy, record completeness, and accessibility.
- Findings shall be incorporated into quality improvement and compliance activities as appropriate.

POLICY: MR 460	☒ (X) Revision ☐ () New	Original Issue Date: 03/08/24 Revised Date: 10/07/26 Approved by: Board of Directors
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Electronic Health Records Policy for Scanning Documents and Images	Author: QI & Compliance Director	Approval Date: 03/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27
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I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to ensure the accurate, timely, secure, and standardized conversion of paper documents, images, and external records into the Electronic Health Record (EHR). All scanning activities shall preserve record integrity, support continuity of care, maintain confidentiality, and comply with applicable federal, state, tribal, payer, and accreditation requirements.

II. PURPOSE: The purpose of this policy is to establish organizational standards for the scanning, indexing, verification, storage, and management of electronic documents and images that become part of the patient's legal medical record.

III. SCOPE

This policy applies to:

- All workforce members authorized to scan, import, index, review, verify, or manage electronic documents and images.
- All paper records, external records, reports, forms, images, correspondence, and clinical documents that are incorporated into the EHR.
- All electronic document management processes used to maintain patient records.

IV. GOVERNANCE

- The Medical Director.
- The Chief Executive Officer.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Department Directors and Supervisors responsible for ensuring compliance with scanning and document-management requirements.
- Authorized workforce members responsible for scanning and document management activities.

V. STANDARDS

Document Integrity

- Documents and images entered into the EHR shall accurately represent the original source document.
- Documents shall be complete, legible, and appropriately indexed before becoming part of the patient's record.
- Scanned records shall maintain the integrity and authenticity of the original information.

Scanning Standards

- Only authorized personnel shall perform scanning activities.
- Documents shall be reviewed prior to scanning to ensure completeness, readability, and proper patient identification.
- Scanning equipment shall be maintained and configured to produce clear, legible images suitable for clinical, regulatory, legal, and operational purposes.

Verification and Quality Control



- Following scanning, the Medical Records Technician, HIM staff member, or other authorized personnel shall review scanned documents to verify image quality, completeness, legibility, correct patient assignment, and proper indexing within the EHR.
- Documents that are incomplete, illegible, incorrectly assigned, improperly indexed, or otherwise deficient shall be corrected prior to final acceptance into the medical record.
- Clinical documents shall be routed to the appropriate provider for review and electronic acknowledgment.
- Provider review shall include verification that the scanned document is clinically readable, complete, and suitable for patient care purposes.
- If a provider identifies a quality concern, missing pages, illegible information, incorrect patient assignment, or indexing error, the document shall be returned for correction and rescanning as appropriate.
- Scanning quality verification performed by HIM personnel does not replace provider responsibility for review of the clinical content, completeness, and usability of the scanned document.

Provider Review

- Providers shall review and electronically acknowledge laboratory reports, diagnostic studies, consultation reports, hospitalization records, referral reports, and other clinically relevant documents received from internal or external sources.
- Provider acknowledgment confirms that the document has been reviewed for both clinical content and scanning quality and that appropriate follow-up actions have been considered when indicated.

Indexing and Record Organization

- Documents shall be assigned to the correct patient record.
- Documents shall be indexed within the appropriate section of the EHR according to organizational standards.
- Records shall be organized to support efficient retrieval and continuity of care.

Duplicate Prevention

- Workforce members shall make reasonable efforts to avoid duplicate scanning of documents already contained within the medical record.
- Duplicate documents identified during routine review shall be evaluated and managed according to established HIM procedures.

Confidentiality and Security

- Documents and images shall be protected from unauthorized access, disclosure, alteration, or destruction.
- Access to scanned records shall be limited to authorized personnel.
- All scanning, storage, and retrieval activities shall comply with applicable privacy and security requirements.

Retention and Storage

- Scanned documents shall be maintained within approved electronic systems in accordance with organizational retention requirements.
- Electronic records shall be protected through backup, recovery, and security processes designed to maintain record availability and integrity.
- Original source documents shall be retained, archived, or destroyed in accordance with approved retention schedules and applicable legal requirements.



Compliance Monitoring

- Scanning processes shall be monitored through quality reviews, chart audits, compliance activities, and accreditation preparedness activities.
- Identified deficiencies shall be addressed through education, corrective action, workflow improvement, or other appropriate interventions.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection policy
- MR 450 Electronic Health Record Organization
- MR 480 Records Retention
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 1160 Documentation
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 460A – Electronic Document Scanning Procedure

Owner: Director of Operations | Review: Annual by QIC

Document Preparation

- Documents submitted for scanning shall be reviewed for completeness, legibility, patient identification, and document condition.
- Damaged, illegible, incomplete, or unidentified documents shall be resolved prior to scanning whenever possible.
- Documents shall be organized to support efficient scanning and indexing.

Scanning Process

- Documents shall be scanned using approved equipment and approved scanning settings.
- Personnel performing scanning activities shall verify image quality during the scanning process.
- Scanned images shall be readable and clinically usable.

Verification Process

- Following scanning, documents shall be reviewed to confirm:
 - Correct patient assignment;
 - Complete image capture;
 - Legibility of all pages;
 - Correct document type;
 - Appropriate indexing within the EHR.
 - Any discrepancies identified during verification shall be corrected before final acceptance into the medical record.

Indexing and Filing

- Documents shall be indexed using approved naming conventions and filing categories.
- Documents shall be assigned to the appropriate patient and record section.
- Scanned records shall be readily retrievable for clinical, operational, regulatory, and legal purposes.

Duplicate Management

- Personnel shall review the medical record when appropriate to reduce unnecessary duplicate entries.
- Duplicate documents identified after scanning shall be managed according to HIM procedures.

Storage and Retention

- Verified documents shall be maintained within approved electronic systems.
- Original source documents shall be retained, archived, or destroyed according to organizational retention requirements and applicable law.
- Electronic records shall be included in backup and disaster recovery activities.

Security and Confidentiality

- Scanning activities shall be performed in secure locations.
- Documents awaiting scanning, verification, filing, or destruction shall be protected from unauthorized access.
- Workforce members shall maintain confidentiality throughout the scanning process.

Quality Review

- Periodic quality reviews shall evaluate scanning accuracy, indexing consistency, image quality, patient assignment accuracy, and compliance with organizational requirements.
- Findings shall be incorporated into quality improvement and compliance activities as appropriate.

POLICY: MR 470	(X) Revision () New	Original Issue Date: 05/29/07 Revised Date: 05/10/24; 10/07/26 Approved by: Board of Directors
Annual Archiving and Retrieval of Medical Records	Author: QI & Compliance Director	Approval Date: 05/15/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 05/16/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain a systematic process for the identification, archiving, storage, retrieval, and management of inactive medical records. Medical records shall be archived in a manner that promotes security, accessibility, continuity of care, and compliance with record retention requirements.

II. PURPOSE: The purpose of this policy is to establish procedures for managing inactive medical records and archived records while ensuring records remain retrievable, secure, and available throughout the applicable retention period.

III. SCOPE

This policy applies to:

All medical records maintained by NACA.

All archived electronic and paper medical records.

All workforce members responsible for managing archived medical records.

IV. GOVERNANCE

- The Chief Executive Officer.
- The Medical Director.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Medical Records personnel responsible for record archiving and retrieval activities.

V. STANDARDS

Inactive Records

- Medical records may be designated as inactive when the patient has not received services within the timeframe established in MR 480 Records Retention.
- Inactive status shall not affect retention requirements or patient rights to access records.

Archiving

- Archived records shall be maintained in a secure manner that protects confidentiality, integrity, and accessibility.



- Records may be stored electronically, physically, or through approved offsite storage arrangements.
- Archived records remain retrievable throughout the required retention period.

Security

- Archived records shall be protected from unauthorized access, damage, loss, theft, alteration, or destruction.
- Access to archived records shall be limited to authorized personnel.

Retrieval

- NACA shall maintain a system that permits timely retrieval of archived records for patient care, continuity of care, quality review, accreditation activities, legal requests, audits, and regulatory requirements.
- Archived records requested through the medical records release process shall be retrieved without unnecessary delay.

Retention Authority

- Record retention periods, destruction requirements, and disposition standards shall be governed by MR 480 Records Retention.
- Nothing within this policy authorizes destruction of records outside the requirements established in MR 480.

Quality Monitoring

- Archiving and retrieval practices shall be periodically reviewed for compliance with organizational requirements.
- Deficiencies shall be addressed through corrective action, education, workflow improvement, or other appropriate quality improvement activities.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection Policy
- MR 420 Release of Medical Records
- MR 480 Records Retention
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 470A – Archiving and Retrieval Procedure

Owner: Director of Operations | Review: Annual by QIC

Annual Review of Inactive Records

- HIM or designated Medical Records personnel shall periodically review records for inactive status in accordance with organizational requirements.
- Inactive records shall be identified for archival storage when active access is no longer routinely required.

Archival Storage

- Archived records shall be maintained in approved storage locations.
- Storage locations shall provide protection from unauthorized access, environmental damage, loss, and destruction.
- Electronic archives shall be maintained using approved systems and backup processes.

Record Inventory

- Medical Records shall maintain an inventory or tracking system sufficient to identify the location of archived records.
- Archived records shall be identifiable by patient and record location.

Record Retrieval

- Authorized personnel may request retrieval of archived records for clinical, legal, operational, quality improvement, accreditation, audit, or regulatory purposes.
- Retrieval activity shall be documented when appropriate.
- Records shall be returned to archival storage after use when retention remains required.

Transfer and Destruction

- Transfer and destruction of records shall occur only in accordance with MR 480 Records Retention.
- Archived records shall not be destroyed solely because they are inactive.

Quality Review

- Periodic reviews shall evaluate record accessibility, retrieval timeliness, storage security, and compliance with retention requirements.

POLICY: MR 480	(X) Revision () New	Original Issue Date: 05/29/07 Revised Date: 05/10/24; 11/11/24; 01/09/26; 10/07/26 Approved by: Board of Directors
Records Retention	Author: QI & Compliance Director	Approval Date: 05/15/24; 11/20/24; 01/15/25; 02/19/25; 01/21/26; 10/21/26 Effective Date: 05/16/24; 12/02/24; 01/15/25; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27



I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain medical records in accordance with applicable federal, state, tribal, payer, and accreditation requirements. Medical records shall be retained, stored, archived, transferred, and destroyed in a manner that protects patient confidentiality, preserves record integrity, supports continuity of care, and ensures compliance with legal and regulatory obligations.

II. PURPOSE: The purpose of this policy is to establish organizational standards for the retention, storage, transfer, and destruction of medical records throughout the record lifecycle.

III. SCOPE

This policy applies to:

- All medical, behavioral health, integrated care, and related records maintained by NACA.
- All records maintained in electronic, scanned, paper, photographic, or other media formats.
- All workforce members responsible for the maintenance, storage, transfer, retention, or destruction of records.

IV. GOVERNANCE

- The Chief Executive Officer.
- The Medical Director.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Department Directors and Supervisors responsible for records maintained within their service areas.

V. STANDARDS

Record Retention

- Medical records shall be retained in accordance with applicable federal, state, tribal, payer, grant, and accreditation requirements.
- Retention periods shall support patient care, legal requirements, audit activities, quality improvement initiatives, reimbursement activities, and organizational operations.
- Electronic and archived records shall remain accessible throughout the required retention period.

Adult Records

- Adult medical records shall be retained for a minimum of seven (7) years following the patient's last date of service, or longer when required by law, contract, litigation hold, grant requirement, or regulatory requirement.

Minor Records

- Medical records of minors shall be retained for at least seven (7) years after the patient's last date of service or until the patient reaches twenty-one (21) years of age, whichever period is longer.

Electronic Health Records

- Electronic records shall be maintained within approved electronic systems with appropriate security, backup, and recovery protections.
- A medical record is designated inactive when the patient has not received services for three (3) consecutive years. Inactive records remain in the EHR with inactive status and are retained under this policy.

Storage of Records

- Records shall be maintained in secure environments that protect confidentiality, integrity, accessibility, and availability.



- Physical records shall be stored in locked and secure locations accessible only to authorized personnel.
- Electronic records shall be protected through access controls, authentication requirements, encryption when appropriate, backup processes, and disaster recovery procedures.

Legal Hold

- Records subject to litigation, investigation, audit, subpoena, government review, credentialing review, compliance review, or other legal hold requirements shall not be destroyed until authorization is provided by appropriate leadership and legal counsel, when applicable.
- Legal hold requirements supersede routine retention and destruction schedules.

Practice Closure or Transfer

- In the event of closure, acquisition, merger, transfer of services, or other operational changes, records shall be maintained or transferred in accordance with applicable legal and regulatory requirements.
- Patients shall be afforded access to their records in accordance with applicable laws and organizational policies.

Record Destruction

- Records eligible for destruction shall be destroyed in a manner that protects patient confidentiality and prevents reconstruction of protected health information.
- Destruction methods shall be appropriate to the record format and may include secure shredding, approved destruction services, or secure electronic destruction.
- Destruction activities shall be documented.
- Prior to destruction, records shall be reviewed to ensure all applicable retention requirements, legal hold requirements, audit requirements, and regulatory obligations have been satisfied.

Public Notice of Record Destruction

- Before records are destroyed, NACA shall publish notice in local media serving its patient population at least four (4) weeks before the deadline for patients to request copies. The notice identifies affected records by the patient's last date of service, explains how to request a copy, and states the request deadline.
- Public notice may be provided through appropriate media outlets, organizational communications, public postings, website announcements, or other approved communication methods.
- Notices shall include information regarding the opportunity for patients to request copies of records when applicable.

Documentation of Destruction

- Documentation shall include the destruction date, record category, method of destruction, and individual or vendor responsible for destruction.
- Destruction records shall be maintained in accordance with applicable organizational requirements.
- Proof of publication of each public notice is retained with the destruction documentation.

Quality Monitoring

- Record retention, storage, and destruction activities shall be periodically reviewed through quality improvement, compliance, risk management, audit, and accreditation activities.



- Identified deficiencies shall be addressed through education, corrective action, workflow improvements, or other appropriate interventions.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection Policy
- MR 470 Annual Archiving and Retrieval of Medical Records
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 1160 Documentation
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 480A – Records Retention Procedure

Owner: Director of Operations | Review: Annual by QIC

Identification of Records

- Records shall be classified and managed according to record type, patient status, and applicable retention requirements.
- Medical Records personnel shall maintain oversight of organizational retention schedules.
- Inactive Records
- Records may be designated inactive when no longer routinely accessed for patient care purposes.
- Inactive status does not alter retention requirements.
- Inactive records may be archived in accordance with MR 470.

Record Storage

- Active and inactive records shall be maintained in approved storage locations.
- Electronic records shall be maintained within approved systems supported by backup and recovery processes.
- Physical records shall be stored in secure environments protected from unauthorized access, loss, damage, and environmental hazards.

Retention Review

- Medical Records shall periodically review archived and inactive records to identify records approaching the end of required retention periods.
- Retention reviews shall consider age of record, patient status, legal holds, audits, investigations, and applicable regulatory requirements.

Legal Hold Review

- Prior to destruction, records shall be reviewed for pending litigation, investigations, audits, complaints, credentialing reviews, compliance reviews, or other legal hold requirements.
- Records subject to legal hold shall be removed from destruction activities.

Destruction Process

- Approved records shall be destroyed using secure methods appropriate to the record format.
- Paper records shall be securely shredded or destroyed by an approved vendor.
- Electronic records shall be destroyed using approved methods that prevent recovery of patient information.

Destruction Documentation

- A destruction log shall be maintained.
- Documentation shall include record category, destruction date, destruction method, and responsible individual or vendor.

Closure or Transfer Activities

- Records affected by practice closure, transfer, merger, acquisition, provider separation, or service transition shall be maintained and transferred according to applicable legal and organizational requirements.

Quality Review

- Retention and destruction practices shall be periodically reviewed for compliance with organizational standards, regulatory requirements, and accreditation expectations.
- Findings shall be incorporated into quality improvement and compliance activities as appropriate.

POLICY: MR 490	(X) Revision () New	Original Issue Date: 07/31/23 Revised Date: 01/09/26; 10/07/26 Approved by: Board of Directors
Medical Records Access Policy	Author: QI & Compliance Director	Approval Date: 10/07/23; 11/20/24; 02/19/25; 01/21/26; 10/21/26 Effective Date: 10/08/23; 12/02/24; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to protect the confidentiality, integrity, and security of medical records by restricting physical access to medical records storage, workspaces, and related health information management areas. Access shall be limited to authorized personnel whose duties require access to medical records and related information systems.

II. PURPOSE: The purpose of this policy is to establish standards governing physical access to medical records areas and to protect patient information from unauthorized access, disclosure, alteration, theft, or loss.

III. SCOPE

This scope applies to:

- All workforce members, contractors, students, volunteers, vendors, and visitors.
- All medical records storage areas, medical records workspaces, HIM work areas, and locations containing patient records.
- All areas designated for the management, storage, processing, or retrieval of medical records.

IV. GOVERNANCE

- The Chief Executive Officer.
- The Medical Director.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Human Resources.
- Department Directors and Supervisors responsible for staff access authorization.

V. STANDARDS

Authorized Access

- Access to medical records areas shall be limited to authorized personnel whose duties require access to medical records or health information.



- Access authorization shall be granted according to assigned job responsibilities.
- Workforce members shall access only the information necessary to perform their assigned duties.

Physical Security

- The door to the medical records area is to be secured and locked at all times.
- Medical records workspaces shall be arranged to protect patient information from unauthorized viewing or access.
- Records shall be protected from theft, removal, damage, or unauthorized disclosure.

Badge and Access Control

- Access to the medical records area is restricted by employee badge access.
- Access permissions shall be reviewed periodically and modified when staff responsibilities change.
- Access privileges shall be revoked upon employment separation, transfer, or other circumstances requiring removal of access.

Visitors and Non-Authorized Personnel

- Visitors, vendors, contractors, auditors, students, and other non-authorized individuals may enter medical records areas only when necessary and with appropriate authorization.
- Non-authorized individuals shall be escorted by authorized personnel while present in restricted areas.

Confidentiality

- Individuals granted access to medical records areas shall comply with all applicable privacy, confidentiality, security, and organizational requirements.
- Unauthorized access, disclosure, use, or removal of records may result in corrective action, disciplinary action, or other administrative response.

Compliance Monitoring

- Access to medical records areas may be monitored through badge access reports, audits, surveillance systems, or other approved security measures.
- Security concerns, unauthorized access events, or policy violations shall be reported and investigated in accordance with organizational policy.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection Policy
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 160 Minimum Necessary
- AAAHC Accreditation Standards
- AHCCCS Requirements
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 490A – Medical Records Area Access Procedure

Owner: Director of Operations | Review: Annual by QIC

Access Authorization

- Human Resources and authorized leadership shall maintain records of personnel approved for medical records area access.
- The management of badge access to appropriate personnel and revocation at termination is maintained by Human Resources and/or the Chief Executive Officer.
- Controlled access to the medical records area by non-approved personnel is granted at the discretion of the Chief Executive Officer, Medical Director, or Director of Operations.
- Access permissions shall be assigned according to job responsibilities.

Badge Management

- Access badges shall be issued only to authorized personnel.
- Lost, stolen, or malfunctioning access devices shall be reported immediately.
- Access privileges shall be removed upon termination, transfer, or authorization changes.

Visitor Access

- Visitors shall sign in when required by organizational procedures.
- Visitors shall be escorted while in restricted medical records areas.
- Visitor access shall be limited to the minimum area necessary to accomplish the authorized purpose.

Security Monitoring

- Security concerns or unauthorized access events shall be reported to supervisory personnel, or Administration.
- Access audits may be conducted periodically to verify compliance with organizational requirements.

POLICY: MR 500	(X) Revision () New	Original Issue Date: 03/08/24 Revised Date: 10/07/26 Approved by: Board of Directors
Student Access to Electronic Health Records (EHR) in Healthcare Setting	Author: QI & Compliance Director	Approval Date: 03/20/24; 01/15/25; 02/19/25; 01/21/26; 10/21/26 Effective Date: 03/21/24; 01/15/25; 02/20/25; 01/22/26; 10/22/26 Annual Review Date: 01/21/27

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to provide students participating in approved educational, training, externship, internship, practicum, residency, or clinical-placement activities with appropriate access to the Electronic Health Record (EHR) while protecting patient privacy, confidentiality, and security. Student access shall be limited to educational and clinical activities authorized by NACA and shall comply with applicable privacy, security, regulatory, accreditation, and organizational requirements.



II. PURPOSE: The purpose of this policy is to establish standards governing student access to electronic health records and to ensure appropriate supervision, training, confidentiality, and use of patient information during educational and clinical learning activities.

III. SCOPE:

This policy applies to:

- Students participating in approved educational, internship, externship, residency, practicum, volunteer, or clinical training experiences at NACA.
- Workforce members responsible for supervising students.
- Electronic health records and associated health information systems utilized by NACA.
- Educational activities involving patient information, documentation, observation, direct patient care, or clinical support activities.

IV. GOVERNANCE

- The Chief Executive Officer.
- The Medical Director.
- The Quality Improvement & Compliance Director.
- Health Information Management (HIM).
- Department Directors and Supervisors responsible for student placement and oversight.
- Assigned preceptors, instructors, mentors, or supervising clinicians.

V. STANDARDS

Student Access

- Student access to the EHR shall be limited to approved educational, training, and clinical activities.
- Access shall be based upon the minimum information necessary to accomplish the educational objective.
- Student access shall be role-based and limited to functions authorized by NACA.
- Access privileges shall be approved prior to system access being granted.
- Student shall receive access only after execution of any required confidentiality agreements and completion of organizational training.

Authorization and Training

- Students shall obtain authorization from both the educational institution and NACA prior to receiving EHR access.
- Students shall complete all required orientation, confidentiality, privacy, security, and EHR training prior to receiving system credentials.
- Students shall acknowledge understanding of confidentiality, privacy, security, and organizational requirements.

Supervision

- Students shall be supervised by an assigned preceptor, instructor, mentor, or other authorized healthcare professional.
- Supervising personnel are responsible for ensuring that student activities remain within approved educational objectives and authorized scope.
- Clinical documentation completed by students shall be reviewed and authenticated in accordance with organizational requirements and applicable professional standards.

Privacy and Confidentiality

- Students shall comply with all applicable confidentiality, privacy, and security requirements.



- Students shall access only those records necessary to perform approved educational or clinical activities.
- Accessing records without authorization is prohibited.
- Students shall not share passwords, login credentials, screenshots, photographs, patient information, or other protected health information with unauthorized individuals.

Documentation

- Documentation entered by students shall be accurate, complete, timely, and clinically appropriate.
- Student documentation shall comply with applicable organizational standards.
- Student entries shall be reviewed according to applicable supervisory requirements, educational program requirements, and professional standards.

Auditing and Monitoring

- NACA reserves the right to monitor, audit, review, and investigate student EHR activity.
- Access reports, audit logs, and related monitoring activities may be reviewed to verify compliance.
- Unauthorized access or inappropriate use shall be investigated and addressed through appropriate corrective actions.

Breach Reporting

- Students shall immediately report suspected or actual privacy, confidentiality, security, or access violations.
- Alleged violations shall be investigated in accordance with organizational privacy, security, compliance, and incident-reporting requirements.

Termination of Access

- Student access shall be terminated upon completion of the educational experience, withdrawal from the program, termination of placement, or at the discretion of NACA.
- Access may be immediately suspended when necessary to protect patient information, organizational operations, or compliance obligations.

Compliance

- Failure to comply with this policy may result in disciplinary action, termination of access, removal from the educational program, reporting to the educational institution, or other corrective measures as appropriate.

VI. REFERENCES

- MR 400 Medical Records, General Rule
- MR 410 Medical Records Protection Policy
- MR 440 Documentation in Medical Records
- HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
- HIPAA 160 Minimum Necessary.
- HIPAA 180 Addressing Business Associate Relationships
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Arizona Health Care Cost Containment System (AHCCCS)
- Centers for Medicare & Medicaid Services (CMS)
- Indian Health Service (IHS)
- Arizona Department of Health Services (AZDHS)



MR 500A – Student Access Procedure

Owner: Director of Operations | Review: Annual by QIC

Access Authorization

- Educational placement shall be approved prior to EHR access.
- Students shall complete required onboarding, confidentiality training, and EHR training.
- HIM or authorized personnel shall assign appropriate access privileges.

Account Management

- Individual user accounts shall be assigned to students when access is authorized.
- Shared accounts are prohibited.
- Student accounts shall reflect approved access limitations.

Supervised Use

- Students shall access only records necessary for approved patient care or educational activities.
- Student activities shall occur under the supervision of an assigned preceptor, instructor, mentor, or clinician.
- Questions regarding documentation, access, or patient information shall be directed to the supervising individual.

Documentation Activities

- Students may participate in documentation activities as permitted by organizational policy, educational requirements, licensure limitations, and supervising provider expectations.
- Documentation reviews shall be completed as required by the supervising clinician.

Privacy and Security

- Students shall follow privacy, confidentiality, cybersecurity, and EHR security requirements.
- Unauthorized access, disclosure, sharing, photographing, downloading, or transmission of patient information is prohibited.

Monitoring

- Student EHR access shall be subject to routine monitoring and audit review.
- Access violations or concerns shall be investigated through established organizational processes.

Termination of Access

- Student accounts shall be disabled upon completion or termination of the educational experience.
- Account termination shall be documented by appropriate personnel.



PATIENT RIGHTS AND RESPONSIBILITIES POLICY MANUAL

Summary of Changes

October 2026 Out-of-Cycle Changes

Policy #	Policy Name	Type	Impact	Summary of Change
RR 130	HIPAA Notice of Privacy Practices	Revision	High	Specifies HIPAA and 42 CFR Part 2 notice content, including substance use disorder record protections and Contexture health information exchange opt-out rights. Sets English and Spanish posting, distribution, acknowledgment, training, and six-year retention requirements. Aligns patient and HCDM record access with the seven-business-day requirement (A.R.S. § 12-2293) and MR 420. Revises RR 130-F1 and RR 130-F2.

Impact Legend: Low = structural/administrative or form update; Moderate = substantive operational or risk-control change; High = new or changed patient rights, regulatory requirements, or required timeframes.

POLICY: RR 130	(X) Revision () New	Original Issue Date: 02/15/05 Revised Date: 11/08/23; 04/06/24; 03/14/25; 10/14/26 Approved by: Board of Directors
HIPAA Notice of Privacy Practices	Author: QI & Compliance Director	Approval Date: 11/17/23; 04/17/24; 03/19/25; 04/15/26; [Board date] Effective Date: 11/18/23; 04/18/24; 03/20/25; 04/16/26; [Board date + 1 day] Annual Review Date: [1 year from approval]

I. POLICY: It is the policy of Native Americans for Community Action, Inc. (NACA) to protect the privacy and confidentiality of Protected Health Information (PHI) by providing patients and clients with a Notice of Privacy Practices (NPP) that explains how PHI may be used and disclosed, the rights individuals have regarding their health information, and NACA's legal responsibilities under applicable federal and state law. NACA shall maintain, distribute, and make readily available a current Notice of Privacy Practices that complies with the Health Insurance Portability and Accountability Act (HIPAA), **42 Code of Federal Regulations (CFR) Part 2**, Arizona law, Arizona Health Care Cost Containment System (AHCCCS) requirements, and applicable accreditation standards. The Notice of Privacy Practices shall accurately reflect patient rights regarding access to medical records, privacy protections, complaint processes, and disclosures of health information.

II. PURPOSE: The purpose of this policy is to ensure that patients and clients are informed of:

- A. Their rights regarding Protected Health Information;
- B. NACA's privacy obligations and legal responsibilities;
- C. Permitted and required uses and disclosures of health information;
- D. Procedures for accessing, amending, restricting, and obtaining an accounting of disclosures of health information;
- E. Procedures for reporting privacy concerns and complaints; and
- F. Privacy protections required by applicable federal and state laws and regulations, **including the added protections for substance use disorder treatment records under 42 CFR Part 2.**

III. SCOPE: This policy applies to:

- A. All NACA workforce members, contractors, students, volunteers, interns, and affiliates;
- B. All NACA operations and service lines;
- C. All patients and clients receiving services from NACA; and
- D. All Notices of Privacy Practices distributed or posted by NACA.

IV. GOVERNANCE:

- A. **The Board of Directors approves this Policy and its revisions.**
- B. **The Quality Improvement & Compliance Director, serving as Privacy Officer (HIPAA 100), maintains the Procedure and the Notices (RR 130-F1, RR 130-F2) and may update them without Board re-approval when a change does not alter this Policy.**



- C. The Director of Operations ensures registration, front desk, and Medical Records staff carry out the Procedure.
- D. Department Directors ensure their workforce members complete the training required in Section V.G.

V. GUIDELINES:

A. Definitions

- 1. Health Care Decision Maker (HCDM): An individual authorized by law to make health care treatment decisions for the patient, such as a parent of a minor, a legal guardian, or an agent named in a health care power of attorney (A.R.S. § 12-2291).
- 2. Health Information: Any information, oral or recorded, in any form or medium that: Is created or received by a health care provider, health plan, public authority, employer, life insurer, school or university, or health care clearinghouse; and Relates to the past, present, or future physical or behavioral health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual.
- 3. Notice of Privacy Practices (NPP or Notice): A written notice describing how Protected Health Information may be used and disclosed and identifying an individual's privacy rights under applicable law.
- 4. Part 2 Record: Any record of the identity, diagnosis, prognosis, or treatment of a patient maintained in connection with NACA's federally assisted substance use disorder services and protected under 42 CFR Part 2.
- 5. Protected Health Information (PHI): Individually identifiable health information maintained or transmitted in any form or medium.

B. Notice Content. The Notice shall contain every element required by 45 CFR 164.520(b) and 42 CFR 2.22(b), including:

- 1. The required header statements;
- 2. How NACA uses and discloses PHI for treatment, payment, and health care operations, with examples;
- 3. Each other purpose for which NACA may use or disclose PHI without written authorization;
- 4. The uses that require written authorization (most uses of psychotherapy notes, marketing, and sale of PHI), and a statement that any use not described in the Notice will be made only with written authorization, which the individual may revoke;
- 5. The added protections for Part 2 Records, including the bar on use or disclosure in proceedings against the patient without specific written consent or a court order, and the protections of more stringent Arizona law;
- 6. Notice of NACA's participation in the Contexture health information exchange and the right to opt out (A.R.S. §§ 36-3802, 36-3804);



7. Individual privacy rights, NACA's responsibilities regarding protection of PHI, procedures for filing privacy complaints, contact information for the Privacy Officer, and the effective date.

C. Availability and Posting

1. NACA shall post the current Notice in English and Spanish in a clear and prominent location in each waiting and registration area, printed in a size and format that patients can easily read.
2. The Notice shall be posted prominently on NACA's website.
3. Individuals may request a copy of the Notice at any time, in paper form even if they agreed to receive it electronically. Copies shall be made available upon request without unreasonable delay.

D. Distribution and Acknowledgment

1. All patients and clients shall receive the Notice of Privacy Practices no later than the initial service encounter (in an emergency, as soon as reasonably practicable after the emergency).
2. NACA shall make a good-faith effort to obtain written acknowledgment of receipt. Refusal to acknowledge receipt shall be documented and shall not prevent the provision of services.
3. Before or during the first patient encounter, NACA shall provide patients the required information about its participation in the Contexture health information exchange and shall honor patient rights, including the right to opt out, in accordance with A.R.S. § 36-3804 and Procedure G.

E. Revisions

1. The Privacy Officer shall review the Notice whenever regulatory, legal, operational, or organizational changes affect privacy practices, and at each annual review of this Policy.
2. When the Notice is materially revised, NACA shall post the revised Notice in waiting and registration areas and on its website by the effective date. Existing patients and clients receive the revised Notice upon request, consistent with HIPAA 1120.
3. A material change shall not be implemented before the effective date of the revised Notice, except when required by law.

F. Medical Record Access Rights

1. NACA shall provide access to or copies of medical and payment records promptly and no later than seven (7) business days after receipt of a valid written request from a patient or Health Care Decision Maker (A.R.S. § 12-2293(A)). This timeframe applies to all patient and HCDM requests.
2. NACA may deny access only on the grounds permitted by A.R.S. § 12-2293(B)–(C) and 45 CFR 164.524(a), as set out in MR 420. Any denial shall be documented in the record and explained to the requester in writing; portions not subject to denial shall be released; and, where HIPAA provides it, the requester shall be told how to request review of the denial (A.R.S. § 12-2293(D); 45 CFR 164.524(d)).



3. NACA shall not charge a patient or HCDM for records requested for the purpose of obtaining health care, or for records provided to another health care provider for continuing care (A.R.S. § 12-2295). AHCCCS members and their HCDMs may receive one copy per year, free of charge, of the records generated by NACA (AHCCCS AMPM 940, G.2.a). Other copies may be subject to a reasonable, cost-based fee as permitted by 45 CFR 164.524(c)(4), communicated before records are released.
4. Patients and Health Care Decision Makers shall have access rights consistent with Arizona law and NACA Medical Records policies. Processing steps are set out in HIPAA 110 and MR 420. The Notice of Privacy Practices shall accurately reflect current patient access requirements.

G. Workforce Education and Training

1. Orientation and training for all workforce members address confidentiality and privacy, including HIPAA, 42 CFR Part 2, and this Notice (AAAHC ADM.160.30; 45 CFR 164.530(b)).
2. Training occurs during New Employee Orientation, annually thereafter per HR 120 Confidentiality and Disclosure of Information, and whenever a material change to the Notice affects workforce duties.

H. Documentation and Retention

1. NACA shall maintain documentation that the Notice was provided when required.
2. NACA shall retain each version of the Notice and all acknowledgment documentation for at least six (6) years from the date created or the date last in effect, whichever is later (45 CFR 164.530(j); HIPAA 1120; HIPAA 1160).

I. Monitoring and Compliance

1. Compliance with Notice of Privacy Practices requirements shall be periodically monitored through quality-improvement, compliance, audit, accreditation, or regulatory-review activities.
2. Deficiencies shall be addressed through education, corrective action, process improvement, or other appropriate measures.

VI. REFERENCES:

A. Federal Law and Regulations

1. Health Insurance Portability and Accountability Act of 1996 (HIPAA)
2. 45 CFR Part 160; 45 CFR Part 164, Subparts A and E (HIPAA Privacy Rule), including §§ 164.502, 164.506, 164.508(a)(2)–(4), 164.510, 164.512, 164.520 (Notice of Privacy Practices), 164.522 (Restrictions and Confidential Communications), 164.524 (Access), 164.526 (Amendment), 164.528 (Accounting of Disclosures), and 164.530(b) and (j) (Training; Documentation)
3. 45 CFR Part 164, Subpart D (Breach Notification)
4. 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records, including §§ 2.22 (Notice to Patients), 2.24–2.26, 2.31–2.33, 2.51–2.54, and 2.61–2.67

B. Arizona Law

1. A.R.S. § 12-2291, Definitions
2. A.R.S. § 12-2292, Confidentiality of medical records and payment records
3. A.R.S. § 12-2293, Release of medical records and payment records to patients and health care decision makers (as amended by Laws 2026, Ch. 98 (HB 2557), effective 9/12/26)
4. A.R.S. § 12-2294, Release of medical records and payment records to third parties
5. A.R.S. § 12-2294.01, Release of medical records or payment records to third parties pursuant to subpoena
6. A.R.S. § 12-2295, Charges
7. A.R.S. § 36-509, Confidential records (behavioral health)
8. A.R.S. § 36-664, Confidentiality of communicable disease related information
9. A.R.S. §§ 36-3802 and 36-3804, Health information organizations (individual rights; notice of health information practices)
10. Arizona Constitution, Article 27, Section 2
11. A.A.C. Title 9, Chapter 10, Health Care Institutions: Licensing

C. AHCCCS Requirements

1. AHCCCS Medical Policy Manual (AMPM) Policy 940, Sections B.3.a and G.2 (effective 10/01/26)

D. HRSA Requirements

1. Health Center Program Compliance Manual, Chapter 10: Quality Improvement/Assurance (confidentiality of patient records)

E. AAAHC Accreditation Handbook for Ambulatory Health Care, v45

1. PRR.100 – Patients are treated with respect, consideration, and dignity (PRR.100.20, right to personal privacy)
2. PRR.180 – Patients are informed of their rights prior to receiving care
3. PRR.290 – Providers and staff communicate in a manner the individual understands (PRR.290.30, information is easy to understand)
4. CRD.140 – Clinical records are maintained in a manner that facilitates safe care (CRD.140.50, opportunity to approve or refuse release of records)
5. CRD.160 – Clinical information is treated as confidential
6. ADM.160.30 – Orientation and training address confidentiality and privacy (HIPAA)
7. GOV.170.50 – Governing body ensures fulfillment of obligations regarding medical privacy and grievances
8. GOV.190.20 – Governing body establishes a policy on patient rights and responsibilities



F. Indian Health Service / Urban Indian Organization

1. IHS UIO Review Manual, Leadership: Policies addressing confidentiality, security, and physical safety of personal information of patients and staff
2. IHS UIO Review Manual, Patient Rights and Responsibilities Requirements: Patient rights are communicated to patients/families, posted and visible or provided in writing when requested

G. Internal NACA References

1. HIPAA 100 Health Insurance Portability and Accountability Act (HIPAA)
2. HIPAA 110 Access to Protected Health Information by an Individual Receiving Services
3. HIPAA 130 Accounting of Disclosure of Protected Health Information
4. HIPAA 1120 Notice of Privacy Practices
5. HIPAA 1130 Complaints
6. HIPAA 1160 Documentation
7. HIPAA 1220 Managing Marketing Activities
8. MR 420 Release of Medical Records
9. RR 100 Patient/Client Rights and Responsibilities
10. RR 120 Patient/Client Complaints & Grievances
11. BH 220 DUI Treatment/Substance Use Disorder Counseling
12. HR 120 Confidentiality and Disclosure of Information
13. QRM 310 Incident Reporting
14. Contexture Patient Rights Process and HIE Participant Policy Manual



RR 130 – PROCEDURE: HIPAA Notice of Privacy Practices

Procedure Owner: Quality Improvement & Compliance Director (Privacy Officer)

A. Providing the Notice

1. Registration or intake personnel shall provide the Notice of Privacy Practices to all new patients and clients.
2. Patients shall be given an opportunity to review the Notice and ask questions.
3. The Notice shall be available in English and Spanish and in alternative formats (including large print) when feasible.

B. Acknowledgment of Receipt

1. Patients shall be asked to acknowledge receipt of the Notice on the Acknowledgment of Information Received form (RR 100 Appendix II).
2. Signed acknowledgments shall be retained in the Electronic Health Record when applicable.
3. If a patient declines or is unable to sign, staff shall document the attempt and the reason.

C. Posting the Notice

1. NACA shall display the current Notice in both English and Spanish in the waiting areas of the Family Health Center, the Wellness Center, and the Behavioral Health Department, and at each registration area.
2. Posted copies are printed in large format (no smaller than 11" × 17" per page, with body text no smaller than 14-point), mounted at eye level, with take-home copies in English and Spanish next to the posting.
3. The Privacy Officer or designee verifies that postings are current and readable after each revision of the Notice.

D. Website

1. The Privacy Officer sends the current English and Spanish Notice to the Marketing Manager for posting on NACA's website and confirms the posting by the effective date.

E. Updated Notices

1. The Privacy Officer shall review the Notice whenever regulatory, legal, operational, or organizational changes affect privacy practices.
2. Updated Notices shall replace prior versions in all patient-accessible locations and on the website by the effective date.
3. Existing patients and clients receive the revised Notice upon request.

F. Requests for Copies

1. Individuals may request a copy of the Notice at any time.
2. Requests shall be fulfilled promptly.
3. Copies may be provided in paper or electronic format when available.



G. Health Information Exchange (Contexture)

1. Registration staff give each new patient Contexture's Notice of Health Information Practices with the Notice of Privacy Practices.
2. Receipt is documented on the Acknowledgment of Information Received form, which includes Contexture's HIE acknowledgment statement.
3. A patient who wants to opt out receives Contexture's pre-filled Opt-Out Form. Staff confirm the form is complete, fill in the Provider Only section, and send it to Contexture by Help Desk ticket or secure fax within fifteen (15) calendar days.
4. Requests to opt back in, or for a copy of HIE information or a list of providers who viewed it, use Contexture's forms and the same submission process.

H. Reporting Privacy Concerns

1. Any suspected or known breach of confidentiality/violation of HIPAA or 42 CFR Part 2 shall be verbally, or via email, reported to the QI & Compliance Director (Privacy Officer) and CEO within 24 hours of the incident, documented on an Incident Report and submitted per policy (see QRM 310 Incident Reporting policy).

I. Training

1. Workforce members responsible for registration, health information management, intake, or privacy activities shall receive education regarding this procedure.
2. Training shall occur during orientation and annually thereafter (see HR 120).

J. Forms

1. RR 130-F1 Notice of Privacy Practices (English)
2. RR 130-F2 Aviso de Prácticas de Privacidad (Spanish)
3. RR 100 Appendix II Acknowledgment of Information Received
4. Contexture Notice of Health Information Practices and Opt-Out Form



RR 130-F1

NOTICE OF PRIVACY PRACTICES OF NATIVE AMERICANS FOR COMMUNITY ACTION, INC. (NACA)

Effective Date: **Effective date**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes: HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION; HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (928) 526-2968, EXT. 230, OR OUTREACH@NACAINC.ORG IF YOU HAVE ANY QUESTIONS.

This notice applies to all NACA clinics and programs, including our medical, behavioral health, and substance use disorder services. We are required by law to protect the privacy and security of your health information, to give you this notice, and to follow it. If you have questions, contact:

NACA Privacy Officer (Quality Improvement & Compliance Director) | 1500 E. Cedar Avenue, Suite 56, Flagstaff, AZ 86004 | (928) 526-2968 **ext. 230** | outreach@nacainc.org

YOUR RIGHTS

Get a copy of your medical record

- You can ask to see or get a paper or electronic copy of your medical record and other health information we have about you. Ask us in writing.
- **We will let you see or give you a copy of your records no later than seven (7) business days after we get your written request. This also applies to your Health Care Decision Maker.**
- **A Health Care Decision Maker is someone the law allows to make health care decisions for you, such as a parent of a minor, a legal guardian, or the person you named in a medical power of attorney.**
- In limited cases, the law lets us say no to part or all of your request—for example, if a licensed health professional decides that access is likely to endanger someone's life or physical safety, would cause serious harm to you or another person, or would reveal a confidential source. Psychotherapy notes and information gathered for a lawsuit are not included. If we say no, we will tell you why in writing, give you the parts we can, and explain how to ask for a review when the law allows one.

Fees for copies

- **We do not charge you or your Health Care Decision Maker for records you need to get health care, or for records we send to another provider who is caring for you.**
- **AHCCCS members can get one free copy each year of the records NACA created.**
- For other copies, we may charge a reasonable, cost-based fee. We will tell you the fee before we make the copies.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no," but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. We will say "yes" to all reasonable requests.



Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or our operations. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years before the date you ask, who we shared it with, and why. It will not include disclosures for treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We provide one list a year for free but may charge a reasonable, cost-based fee for another within 12 months.
- For substance use disorder records, you can also ask for a list of disclosures made with your consent, including disclosures made electronically or through an intermediary, for the past three years.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. You can also discuss this notice with our Privacy Officer.

Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian or Health Care Decision Maker, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority before we act.

File a complaint if you feel your rights are violated

- See "How to File a Complaint" below.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share, and we will follow your instructions. You have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information without your written permission for: marketing purposes; sale of your information; and most sharing of psychotherapy notes.

Fundraising: We may contact you for fundraising, but you can tell us not to contact you again.

Reminders and services: We may contact you to remind you of appointments or to tell you about treatment options or other health-related services.

OUR USES AND DISCLOSURES

Treat you. We can use your health information and share it with other professionals who are treating you. Example: among NACA medical, behavioral health, pharmacy, or other providers involved in your care.

Run our organization. We can use and share your health information to run our clinics, improve your care, and contact you when necessary. Example: during quality improvement activities or accreditation reviews.

Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. Example: we give information to AHCCCS, Medicare, or your health plan so it will pay for your services.

Other uses the law allows. We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, and only after meeting conditions in the law:



- **Public health and safety:** preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to anyone's health or safety.
- **Research:** health research that meets legal requirements.
- **Comply with the law:** when federal, state, or tribal law requires it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Organ and tissue donation:** with organ procurement organizations.
- **Medical examiner or funeral director:** when an individual dies.
- **Workers' compensation, law enforcement, and other government requests:** for workers' compensation claims; for law enforcement purposes or with a law enforcement official, as the law allows; with health oversight agencies; for special government functions such as military, national security, and presidential protective services; and with a correctional institution or law enforcement official if you are in custody.
- **Lawsuits and legal actions:** in response to a court or administrative order, or a subpoena.

SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER RECORDS

If you receive substance use disorder (SUD) services from NACA, federal law (42 CFR Part 2) gives those records extra protection.

- **Your consent.** In general, we need your written consent to use or share your SUD records. You may sign one consent for all future uses and disclosures for treatment, payment, and health care operations, and you can revoke it in writing at any time, except for actions already taken.
- **Sharing again.** Records shared with your consent for treatment, payment, and health care operations with a Part 2 program, covered entity, or business associate may be further disclosed by them without your written consent, to the extent the HIPAA regulations permit.
- **Without your consent.** Only in limited situations the law allows, such as medical emergencies; research, audits, and program evaluations that meet federal rules; reporting suspected child abuse or neglect as required by law; reporting a crime on our premises or against our staff; de-identified information for public health authorities; and court orders that meet Part 2 requirements.
- **Legal proceedings.** SUD records, or testimony relaying their content, cannot be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless you give specific written consent or a court orders it. Before a court order, you or the holder of the records must receive notice and an opportunity to be heard where federal law requires it, and the order must come with a subpoena or other legal mandate.
- **Fundraising.** We will not use your SUD records for fundraising without first giving you a clear chance to opt out.

Other Arizona protections. Arizona law gives extra protection to behavioral health records and to HIV and other communicable disease information. When Arizona law protects your information more than HIPAA does, we follow Arizona law.

HEALTH INFORMATION EXCHANGE (CONTEXTURE)

NACA participates in Contexture, Arizona's health information exchange (HIE). Through the HIE, your health information may be shared securely with other doctors, hospitals, health plans, and others involved in your care, for treatment, care coordination, and other purposes the law allows. The Arizona Constitution (Article 27, Section 2) and state law give you the right to opt out. To opt out, ask our front desk for Contexture's Opt-Out Form. If you opt out, your information will not be available to your providers through the HIE, even in an emergency, except as otherwise provided by state or federal law. We will give you Contexture's Notice of Health Information Practices, which explains this in more detail.



OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information, including SUD records.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time; let us know in writing.
- We will not retaliate or discriminate against you for exercising your privacy rights.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you can file a complaint with us or with the government. We will not retaliate against you for filing a complaint.

NACA Privacy Officer (Quality Improvement & Compliance Director) | 1500 E. Cedar Avenue, Suite 56, Flagstaff, AZ 86004 | (928) 526-2968 ext. 230 | outreach@nacainc.org

U.S. Department of Health and Human Services, Office for Civil Rights | 200 Independence Avenue, S.W., Washington, D.C. 20201 | 1-800-368-1019 | TDD 1-800-537-7697 | www.hhs.gov/ocr/complaints

Arizona Department of Health Services, Bureau of Medical Facilities Licensing | 150 North 18th Avenue, Phoenix, AZ 85007 | (602) 542-1025

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be posted in our waiting areas and on our website, and you can ask for a copy at any time.

AVISO DE PRÁCTICAS DE PRIVACIDAD DE NATIVE AMERICANS FOR COMMUNITY ACTION, INC. (NACA)

Este aviso es válido desde: [fecha]

ESTE AVISO EXPLICA CÓMO SE PUEDE USAR Y COMPARTIR SU INFORMACIÓN MÉDICA Y CÓMO PUEDE USTED OBTENER ACCESO A ELLA. POR FAVOR, LÉALO CON CUIDADO.

Este aviso explica: CÓMO SE PUEDE USAR Y COMPARTIR SU INFORMACIÓN DE SALUD; SUS DERECHOS SOBRE ESA INFORMACIÓN; Y CÓMO PRESENTAR UNA QUEJA SI CREE QUE NO SE PROTEGIÓ SU PRIVACIDAD O NO SE RESPETARON SUS DERECHOS. USTED TIENE DERECHO A UNA COPIA DE ESTE AVISO (EN PAPEL O ELECTRÓNICA) Y A HABLAR DE ÉL CON NUESTRO OFICIAL DE PRIVACIDAD AL (928) 526-2968, EXT. 230, O EN OUTREACH@NACAINC.ORG.

Este aviso aplica a todas las clínicas y programas de NACA, incluyendo los servicios médicos, de salud mental y de tratamiento por uso de sustancias. La ley nos obliga a proteger la privacidad y seguridad de su información de salud, a darle este aviso y a cumplirlo. Si tiene preguntas, comuníquese con:

Oficial de Privacidad de NACA (Director de Mejoramiento de Calidad y Cumplimiento) | 1500 E. Cedar Avenue, Suite 56, Flagstaff, AZ 86004 | (928) 526-2968 ext. 230 | outreach@nacainc.org

SUS DERECHOS

Obtener una copia de su expediente médico

- Usted puede pedir ver su expediente médico y otra información de salud que tenemos sobre usted, o pedir una copia en papel o electrónica. Haga su pedido por escrito.
- Le daremos acceso o una copia a más tardar siete (7) días laborales después de recibir su pedido por escrito. Esto también aplica a su representante para decisiones médicas.
- Su representante para decisiones médicas es la persona que la ley autoriza para tomar decisiones de salud por usted, como el padre o la madre de un menor, un tutor legal o la persona nombrada en su poder médico.
- En casos limitados, la ley nos permite negar parte o todo su pedido; por ejemplo, si un profesional de salud con licencia decide que el acceso probablemente pondría en peligro la vida o la seguridad física de alguien, causaría daño grave a usted o a otra persona, o revelaría una fuente confidencial. No se incluyen las notas de psicoterapia ni la información preparada para una demanda. Si le decimos que no, le explicaremos el motivo por escrito, le daremos las partes que sí podemos y le diremos cómo pedir una revisión cuando la ley lo permita.

Costo de las copias

- No cobramos a usted ni a su representante para decisiones médicas por los expedientes que necesita para recibir atención médica, ni por los que enviamos a otro proveedor que lo atiende.
- Los miembros de AHCCCS pueden recibir gratis una copia al año de los expedientes creados por NACA.
- Por otras copias podemos cobrar un costo razonable. Le informaremos el costo antes de hacer las copias.

Pedir que corriamos su expediente médico

- Usted puede pedirnos que corriamos información de salud que considere incorrecta o incompleta. Pregúntenos cómo hacerlo. Si decimos que no, le explicaremos el motivo por escrito dentro de 60 días.

Pedir comunicaciones confidenciales

- Usted puede pedirnos que nos comuniquemos con usted de cierta manera (por ejemplo, al teléfono de su casa o celular) o que enviemos su correo a otra dirección. Aceptaremos todos los pedidos razonables.



Pedir que limitemos lo que usamos o compartimos

- Usted puede pedirnos que no usemos ni compartamos cierta información para su tratamiento, para cobrar o para nuestras operaciones. No estamos obligados a aceptar, y podemos decir que no si afectaría su atención.
- Si paga un servicio o artículo de salud completamente de su bolsillo, puede pedirnos que no compartamos esa información con su seguro médico para cobrar o para nuestras operaciones. Diremos que sí, a menos que la ley nos obligue a compartirla.

Recibir una lista de con quién compartimos su información

- Usted puede pedir una lista de las veces que compartimos su información de salud en los seis años anteriores a su pedido, con quién y por qué. No incluye lo compartido para tratamiento, cobro y operaciones, ni algunos otros casos (como lo que usted nos pidió compartir). Le damos una lista gratis al año; si pide otra dentro de 12 meses, podemos cobrar un costo razonable.
- Para los expedientes de tratamiento por uso de sustancias, también puede pedir una lista de lo que compartimos con su consentimiento, incluso de forma electrónica o por medio de un intermediario, en los últimos tres años.

Obtener una copia de este aviso

- Usted puede pedir una copia en papel de este aviso en cualquier momento, aunque haya aceptado recibirlo de forma electrónica. También puede hablar de este aviso con nuestro Oficial de Privacidad.

Elegir a alguien que actúe por usted

- Si usted le dio a alguien un poder médico, o si alguien es su tutor legal o su representante para decisiones médicas, esa persona puede ejercer sus derechos y tomar decisiones sobre su información de salud. Antes de actuar, confirmaremos que tiene esa autoridad.

Presentar una queja si cree que no se respetaron sus derechos

- Vea "Cómo presentar una queja" más abajo.

SUS OPCIONES

Con cierta información de salud, usted puede decirnos qué quiere que compartamos, y seguiremos sus instrucciones. Usted tiene el derecho y la opción de pedirnos que:

- Compartamos información con su familia, amigos cercanos u otras personas que participan en su atención.
- Compartamos información en una situación de desastre.

Si usted no puede decirnos lo que prefiere, por ejemplo, si está inconsciente, podemos compartir su información si creemos que es lo mejor para usted. También podemos compartirla cuando sea necesario para reducir una amenaza grave e inminente a la salud o la seguridad.

Nunca compartimos su información sin su permiso por escrito para: publicidad; venta de su información; y la mayoría de los usos de notas de psicoterapia.

Recaudación de fondos: Podemos comunicarnos con usted para pedir donaciones, pero usted puede pedirnos que no lo volvamos a contactar.

Recordatorios y servicios: Podemos comunicarnos con usted para recordarle sus citas o informarle sobre opciones de tratamiento u otros servicios de salud.

CÓMO USAMOS Y COMPARTIMOS SU INFORMACIÓN

Para su tratamiento. Podemos usar su información de salud y compartirla con otros profesionales que lo atienden. Ejemplo: entre los proveedores médicos, de salud mental, de farmacia u otros proveedores de NACA que participan en su atención.



Para operar nuestra organización. Podemos usar y compartir su información para operar nuestras clínicas, mejorar su atención y comunicarnos con usted. Ejemplo: durante actividades de mejora de calidad o revisiones de acreditación.

Para cobrar por sus servicios. Podemos usar y compartir su información para cobrar a planes de salud u otras entidades. Ejemplo: a AHCCCS, Medicare o su plan de salud, para que paguen sus servicios.

Otros usos permitidos por la ley. La ley nos permite o nos obliga a compartir su información de otras maneras, por lo general para el bien público, y solo después de cumplir ciertas condiciones legales:

- **Salud y seguridad pública:** prevenir enfermedades, ayudar con el retiro de productos, reportar reacciones a medicamentos, reportar sospechas de abuso, negligencia o violencia doméstica, y prevenir o reducir una amenaza grave a la salud o seguridad de alguien.
- **Investigación:** para investigaciones de salud que cumplan con la ley.
- **Cumplir con la ley:** cuando lo exijan leyes federales, estatales o tribales, incluyendo al Departamento de Salud y Servicios Humanos si revisa que cumplimos con la ley federal de privacidad.
- **Donación de órganos y tejidos:** con organizaciones de donación de órganos.
- **Médico forense o funeraria:** cuando una persona fallece.
- **Compensación laboral, policía y otras solicitudes del gobierno:** para reclamos de compensación laboral; con la policía u otras autoridades de la ley, cuando la ley lo permita; con agencias que supervisan servicios de salud; para funciones especiales del gobierno, como asuntos militares, seguridad nacional y protección presidencial; y con una institución correccional o la policía si usted está bajo su custodia.
- **Demandas y procesos legales:** en respuesta a una orden judicial o administrativa, o a una citación (subpoena).

PROTECCIÓN ESPECIAL PARA EXPEDIENTES DE TRATAMIENTO POR USO DE SUSTANCIAS

Si usted recibe en NACA servicios por uso de alcohol o drogas, la ley federal (42 CFR Parte 2) da protección adicional a esos expedientes.

- **Su consentimiento.** Por lo general, necesitamos su consentimiento por escrito para usar o compartir estos expedientes. Usted puede firmar un solo consentimiento para todo uso futuro relacionado con su tratamiento, cobro y operaciones, y puede cancelarlo por escrito en cualquier momento, excepto por lo que ya se haya hecho.
- **Cuando se comparten de nuevo.** Los expedientes compartidos con su consentimiento para tratamiento, cobro y operaciones con un programa de la Parte 2, una entidad cubierta o un socio comercial pueden volver a compartirse sin su consentimiento, hasta donde lo permitan las reglas de HIPAA.
- **Sin su consentimiento.** Solo en casos limitados que permite la ley, como emergencias médicas; investigaciones, auditorías y evaluaciones de programas que cumplan con las reglas federales; reportes de sospecha de abuso o negligencia de menores que exige la ley; reportes de un delito en nuestras instalaciones o contra nuestro personal; información sin datos que lo identifiquen para autoridades de salud pública; y órdenes judiciales que cumplan con la Parte 2.
- **Procesos legales.** Estos expedientes, o testimonios sobre su contenido, no se pueden usar ni compartir en ningún proceso civil, administrativo, penal o legislativo en su contra, a menos que usted dé su consentimiento específico por escrito o lo ordene un juez. Antes de esa orden, usted o quien tenga los expedientes debe recibir aviso y la oportunidad de ser escuchado cuando la ley federal lo exija, y la orden debe acompañarse de una citación u otro mandato legal.
- **Recaudación de fondos.** No usaremos estos expedientes para pedir donaciones sin antes darle una oportunidad clara de negarse.

Otras protecciones de Arizona. La ley de Arizona protege de manera especial los expedientes de salud mental y la información sobre el VIH y otras enfermedades contagiosas. Cuando la ley de Arizona protege más que HIPAA, seguimos la ley de Arizona.



INTERCAMBIO DE INFORMACIÓN DE SALUD (CONTEXTURE)

NACA participa en Contexture, el intercambio de información de salud (HIE) de Arizona. Por medio del HIE, su información de salud puede compartirse de forma segura con otros médicos, hospitales, planes de salud y otras personas que participan en su atención, para su tratamiento, la coordinación de su atención y otros fines que permite la ley. La Constitución de Arizona (Artículo 27, Sección 2) y la ley estatal le dan el derecho de no participar. Para no participar, pida en recepción el formulario de exclusión (Opt-Out Form) de Contexture. Si no participa, su información no estará disponible por medio del HIE para sus proveedores, ni siquiera en una emergencia, salvo lo que dispongan otras leyes estatales o federales. Le daremos el Aviso de Prácticas de Información de Salud de Contexture, que explica esto con más detalle.

NUESTRAS RESPONSABILIDADES

- La ley nos obliga a mantener la privacidad y seguridad de su información de salud protegida, incluyendo los expedientes de tratamiento por uso de sustancias.
- Le avisaremos pronto si ocurre un incidente que ponga en riesgo la privacidad o seguridad de su información.
- Debemos cumplir con lo que dice este aviso y darle una copia.
- No usaremos ni compartiremos su información de otra forma que no esté descrita aquí sin su permiso por escrito. Si nos da permiso, puede cambiar de opinión en cualquier momento; avísenos por escrito.
- No tomaremos represalias ni lo discriminaremos por ejercer sus derechos de privacidad.

CÓMO PRESENTAR UNA QUEJA

Si cree que no se respetaron sus derechos de privacidad, puede presentar una queja con nosotros o con el gobierno. No tomaremos represalias en su contra por presentar una queja.

Oficial de Privacidad de NACA (Director de Mejoramiento de Calidad y Cumplimiento) | 1500 E. Cedar Avenue, Suite 56, Flagstaff, AZ 86004 | (928) 526-2968 ext. 230 | outreach@nacainc.org

Departamento de Salud y Servicios Humanos de EE. UU., Oficina de Derechos Civiles | 200 Independence Avenue, S.W., Washington, D.C. 20201 | 1-800-368-1019 | TDD 1-800-537-7697 | www.hhs.gov/ocr/complaints

Departamento de Servicios de Salud de Arizona (ADHS), Oficina de Licencias de Centros Médicos | 150 North 18th Avenue, Phoenix, AZ 85007 | (602) 542-1025

CAMBIOS A ESTE AVISO

Podemos cambiar este aviso, y los cambios aplicarán a toda la información que tenemos sobre usted. El aviso nuevo estará en nuestras salas de espera y en nuestro sitio web, y usted puede pedir una copia en cualquier momento.



ADMINISTRATIVE-GOVERNANCE POLICY MANUAL

Summary of Changes

AG 410 is a new policy. The Board approves the Policy component; Procedure AG 410A is maintained by the Director of Operations.

October 2026 Out-of-Cycle Changes

Policy #	Policy Name	Type	Impact	Summary of Change
AG 410	LUMA Broadcast Messaging & Patient Communication	New	Moderate	<p>New policy. Establishes standards for patient communication through LUMA Broadcast Messaging on the LUMA Health platform, including broadcast, appointment, recall, outreach, waitlist, preventive care, and patient satisfaction messages.</p> <p>Requires a current Business Associate Agreement with LUMA Health before PHI is transmitted, limits PHI to the minimum necessary, and lists permitted and prohibited uses. Diagnoses are sent only through approved secure delivery workflows.</p> <p>Aligns marketing and promotional messages with AG 400 and HIPAA 1220. Requests to stop text messages are honored within ten business days, and treatment and safety communications continue by phone or mail.</p> <p>Sets oversight through communication audits, privacy reviews, HIPAA and AAAHC compliance reviews, and QI monitoring. Procedure AG 410A covers message requests, approval, privacy review, distribution, opt-out management, monitoring, incident reporting, and documentation.</p>

Impact Legend: Low = structural/administrative or form update; Moderate = substantive operational or risk-control change.



POLICY: AG 410	() Revision (X) New	Original Issue Date: ____ Revised Date: N/A Approved by: Board of Directors
LUMA Broadcast Messaging & Patient Communication	Author: Director of Operations	Approval Date: ____ Effective Date: ____ Annual Review Date: ____

I. POLICY

It is the policy of Native Americans for Community Action, Inc. (NACA) to utilize LUMA Broadcast Messaging, provided through the LUMA Health patient communication platform, to improve patient access, care coordination, appointment adherence, preventive care outreach, and patient engagement while safeguarding patient privacy and confidentiality.

All communications delivered through LUMA Broadcast Messaging shall comply with applicable federal and state laws and regulations.

Use of LUMA Broadcast Messaging shall support patient care, population health management, patient engagement, and operational communications. Marketing, advertising, public relations, and media-related messaging shall additionally comply with AG 400 Marketing, Advertising, and Media Releases.

No communication transmitted through LUMA Broadcast Messaging may disclose Protected Health Information (PHI) beyond the minimum necessary standard or otherwise compromise patient confidentiality.

II. PURPOSE

To establish standards for the appropriate use of LUMA Broadcast Messaging and other automated communication tools to:

- Improve communication with patients.
- Support patient access to care.
- Promote preventive health services.
- Improve appointment adherence and continuity of care.
- Facilitate care coordination and population health initiatives.
- Protect patient privacy and confidentiality.
- Ensure compliance with regulatory, accreditation, and organizational requirements.

III. SCOPE

This policy applies to:

- All NACA workforce members authorized to use LUMA Broadcast Messaging.
- Family Health Center.
- Behavioral Health.
- Health Promotion.
- Contractors, students, volunteers, and other authorized users acting on behalf of NACA.



This policy applies to communications delivered through:

- SMS/text messaging
- Automated phone calls
- Email messaging
- Appointment reminders
- Broadcast campaigns
- Recall and outreach campaigns
- Waitlist communications
- Preventive care communications
- Patient satisfaction messaging

IV. DEFINITIONS

Broadcast Messaging: A communication sent simultaneously to multiple patients using the LUMA Health platform.

Protected Health Information (PHI): Individually identifiable health information protected under HIPAA.

Minimum Necessary Standard: Limiting PHI disclosure to the least amount necessary to accomplish the intended purpose.

Care Gap Outreach: Communication intended to encourage completion of recommended healthcare services.

Operational Communication: Communication necessary to support treatment, payment, healthcare operations, scheduling, care coordination, or patient access.

V. STANDARDS

A. Permitted Uses

LUMA Health shall maintain a current Business Associate Agreement (BAA) with NACA prior to accessing, transmitting, storing, or processing Protected Health Information (PHI). The use of LUMA Broadcast Messaging shall comply with applicable Business Associate Agreement requirements, HIPAA Privacy Rule, HIPAA Security Rule, and NACA policies governing health information management and electronic communications.

LUMA Broadcast Messaging may be used for:

- Appointment reminders
- Appointment confirmations
- Appointment cancellations
- Recall and rescheduling notices
- Preventive health reminders
- Vaccination reminders
- Annual wellness visit reminders
- Chronic disease follow-up reminders
- Referral coordination
- Laboratory and imaging follow-up notifications



- Care gap outreach
- Clinic closure notices
- Weather-related delays or closures
- Public health notifications related to patient care
- Patient satisfaction surveys
- Educational messaging related to healthcare services
- Notification of provider absence or unexpected schedule changes
- Notification of provider departure, retirement, or extended leave when approved by leadership.

LUMA Broadcast Messaging may be utilized to improve patient access, reduce missed appointments, facilitate continuity of care, support care coordination activities, improve follow-up compliance, and reduce barriers to preventive and chronic disease management services.

B. Prohibited Uses

LUMA Broadcast Messaging shall not be used to:

- Transmit diagnoses, except through approved secure delivery workflows.
- Transmit laboratory or imaging results unless specifically authorized through approved workflows.
- Discuss sensitive behavioral health information.
- Disclose substance use disorder treatment information protected by 42 CFR Part 2.
- Disclose HIV-related information.
- Disclose reproductive health information protected by law.
- Disclose domestic violence, sexual assault, abuse, or neglect information.
- Disclose employee medical information.
- Release PHI beyond the minimum necessary standard.
- Conduct political activities.
- Distribute unauthorized advertising or promotional material.

C. Marketing and Promotional Communications

Communications intended to facilitate treatment, care coordination, preventive services, population health management, quality improvement activities, appointment scheduling, referral coordination, care gap closure, hospitalization follow-up, or healthcare operations are not considered marketing communications and may be conducted without additional patient authorization as permitted by applicable law.

Communications meeting the definition of marketing under HIPAA shall comply with HIPAA 1220 Managing Marketing Activities and AG 400 Marketing, Advertising, and Media Releases.

Any communication promoting services, programs, events, or organizational initiatives shall comply with AG 400 Marketing, Advertising, and Media Releases.

Marketing communications must:



- Be accurate and truthful.
- Be approved through applicable NACA processes.
- Reflect current organizational services.
- Follow NACA branding requirements.
- Protect patient confidentiality.

D. Patient Consent and Communication Preferences

Patients shall be provided the opportunity to:

- Consent to electronic communications.
- Opt out of text messaging. Patient requests to opt out of communications shall be honored as required by law, and requests to stop text messages shall be honored within ten business days; however, NACA may continue communications necessary for treatment, care coordination, appointment management, healthcare operations, public health notifications, patient safety, and other communications permitted by HIPAA and applicable law through other channels, such as phone or mail.
- Update preferred communication methods.
- Modify communication preferences at any time.

Patient preferences shall be documented within the patient record and maintained in applicable communication systems.

Patients shall be encouraged to verify and update communication preferences and contact information at registration, annually, and whenever information changes.

When staff become aware that communication has been delivered to an incorrect recipient, staff shall:

- Immediately discontinue further communications to the incorrect contact.
- Verify and update patient contact information.
- Notify the Quality Improvement and Compliance Director when appropriate.
- Complete an incident report when required by organizational policy.
- Follow HIPAA breach assessment procedures when applicable.

E. Privacy and Confidentiality

All LUMA Broadcast Messaging communications shall:

- Comply with HIPAA requirements.
- Follow the minimum necessary standard.
- Protect confidentiality of patient information.
- Be transmitted through approved, secure systems.

Messages shall avoid inclusion of sensitive clinical information whenever possible.

Communications regarding provider absences, schedule changes, or appointment cancellations shall identify only the operational impact to patient care. Information regarding employee illness, injury, medical condition, family circumstances, leave status, workers' compensation matters, or other personnel-related information shall not be disclosed through patient communications.



F. Content Standards

Communications must be:

- Professional.
- Respectful.
- Culturally responsive.
- Easy to understand.
- Consistent with health literacy principles.
- Available in alternative formats when feasible.

VI. GOVERNANCE

The Chief Executive Officer, Director of Operations, Quality Improvement & Compliance Director, Health Information Management personnel, and designated system administrators shall oversee implementation and monitoring of LUMA Broadcast Messaging.

The CEO or designee retains authority for organizational communication standards.

This policy shall be reviewed annually.

Any substantial modifications to communication workflows, privacy protections, or broadcast messaging practices shall be reviewed through applicable leadership and compliance processes prior to implementation.

Oversight shall include:

- Periodic communication audits.
- Privacy reviews.
- HIPAA compliance monitoring.
- AAAHC compliance reviews.
- Quality Improvement monitoring.

VII. REFERENCES

- AG 400 Marketing, Advertising, and Media Releases
- AG 300 Compliance Program Policy
- AG 310 Compliance Program Training and Education
- HIPAA Privacy Rule (45 CFR Parts 160 & 164)
- HIPAA Security Rule
- CMS Patient Communication Guidance
- AHCCCS Contractor Operations Manual
- Indian Health Service Patient Registration and Communication Standards
- AAAHC v45 Accreditation Standards
- 42 CFR Part 2
- Telephone Consumer Protection Act (47 U.S.C. 227; 47 CFR 64.1200)
- HIPAA 190 Electronic Delivery of Patient Plans via Luma





LUMA BROADCAST MESSAGING PROCEDURE

AG 410A | Procedure Owner: Director of Operations

PURPOSE

To establish operational processes for creating, approving, distributing, monitoring, and documenting LUMA Broadcast Messaging.

PROCEDURE

1. Message Request

The requesting department submits the proposed broadcast message to the applicable supervisor, manager, or director.

The request must include:

- Purpose of communication
- Intended audience
- Delivery method
- Requested distribution date
- Proposed message content

2. Review and Approval

Messages shall be reviewed prior to distribution by:

Clinical Communications

- Medical Director, Director of Operations, Quality Improvement & Compliance Director, or designee

Organizational Announcements

- Chief Executive Officer

Marketing or Promotional Campaigns

- CEO or designee
- Must comply with AG 400

3. Privacy Review

Prior to release:

- Verify minimum necessary information.
- Confirm no inappropriate PHI is included.
- Verify recipient population.
- Confirm message content is appropriate for the intended audience.

4. Broadcast Distribution

Authorized users may distribute approved messages through:

- SMS
- Email
- Automated voice calls
- Patient portal integrations



Messages must utilize approved organizational templates whenever feasible.

5. Patient Opt-Out Management

Patients may opt out of communications at any time.

Staff shall:

- Document opt-out requests.
- Update communication preferences.
- Honor opt-out requests promptly, and stop text messages within ten business days. Communication required for treatment, healthcare operations, or patient safety may continue by phone or mail.

6. Monitoring

The designated administrator shall monitor:

- Delivery rates
- Failed messages
- Opt-out trends
- Incorrect recipient reports
- Patient complaints
- Privacy concerns

7. Incident Reporting

Potential privacy breaches, unauthorized disclosures, or communication errors shall be reported pursuant to:

- HIPAA policies
- Compliance reporting procedures
- AG 320 Reporting Instances of Non-Compliance and Non-Retaliation

8. Documentation

Documentation shall include:

- Broadcast title
- Date distributed
- Target population
- Message content
- Approvals obtained
- Delivery statistics
- Complaints or follow-up actions

Records shall be retained according to NACA record retention requirements.

9. Compliance Monitoring

Monitoring activities may include:

- Random audits of broadcast messages
- HIPAA compliance reviews



- Patient complaint review
- AAAHC survey preparation and review
- Quality Improvement reporting

Corrective action, retraining, or access restriction may occur when misuse or non-compliance is identified.

BILLING POLICY MANUAL

Summary of Changes

The Billing policy manual baseline reflects the 2026 annual review, approved by the Board of Directors on 9/16/26. BIL 430 adds provider enrollment and payer credentialing to the 400-series payer policies, alongside BIL 400 Medicare FQHC PPS Billing and BIL 410 AHCCCS & Medicaid Billing.

Out-of-Cycle Addition to the 2026 Billing Policy Manual

Policy #	Policy Name	Type	Impact	Summary of Change
BIL 430	Provider Enrollment & Payer Credentialing	New	Moderate	<p>New Board policy establishing NACA's Provider Enrollment and Payer Credentialing Program for governmental, tribal, commercial, managed care, and contracted payers, with BIL 430A Procedure (owned by the CFO).</p> <p>Defines provider enrollment and payer credentialing as separate from clinical credentialing and privileging under HR 500. No provider delivers services before HR 500 appointment and privileging, and a payer's approval is not a basis for privileging.</p> <p>Services are billed only under the rendering provider's identifiers. Services rendered before a payer's Participation Effective Date are held and billed only as the payer permits. Patients are not billed for charges denied solely because of a provider's enrollment status.</p> <p>Claims are held and payers notified when a provider's license, DEA registration, or liability coverage lapses or an exclusion screening under HR 210 is positive; overpayments are resolved under BIL 250.</p> <p>Oversight rests with the Billing Program Manager and CFO, with Finance Committee reporting through FIN 240 consistent with Bylaws Article IX. Enrollment-related claim denials are managed under BIL 310, and payer participation status is shared for scheduling and provider coverage under MS 665.</p>

Impact Legend: Low = structural/administrative or form update; Moderate = substantive operational or risk-control change.



POLICY: BIL 430	() Revision (X) New	Original Issue Date: Revised Date: Approved by: Board of Directors
Provider Enrollment & Payer Credentialing	Author: Billing Program Manager	Approval Date: Effective Date: Annual Review Date:

I. POLICY:

It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain a comprehensive Provider Enrollment and Payer Credentialing Program that supports reimbursement integrity, regulatory compliance, payer participation, denial prevention, continuity of patient care, and financial sustainability.

All providers rendering billable services shall be appropriately enrolled, credentialed, recertified, revalidated, and maintained with applicable governmental, tribal, commercial, managed care, and contracted payer organizations in accordance with payer requirements and organizational standards.

Provider enrollment activities shall be initiated as early as possible and monitored through completion to minimize reimbursement delays, enrollment-related denials, claim rejections, and interruptions in patient access to care.

Provider enrollment and payer credentialing under this policy are separate from, and do not replace, clinical credentialing and privileging under HR 500 Credentialing and Privileging of Licensed Independent Practitioners. No provider delivers services to NACA patients until appointment and privileging under HR 500 are complete, regardless of payer participation status. A payer's credentialing approval is not a basis for granting NACA appointment or clinical privileges.

NACA bills services only under the National Provider Identifier (NPI) and payer identifiers of the provider who rendered them.

II. PURPOSE:

To establish standardized requirements for provider enrollment, payer credentialing, recertification and revalidation, organizational (group and site) enrollment, CAQH maintenance, provider demographic updates, enrollment status monitoring, enrollment denial management, appeals and reconsiderations, escalation management, and revenue cycle coordination related to provider participation.

III. SCOPE:

Applies to:

- A. Credentialing Coordinators
- B. Billing Specialists
- C. Billing Leadership
- D. Operations Leadership
- E. Human Resources
- F. Medical Providers



- G. Behavioral Health Providers
- H. Contracted Providers
- I. Locum Tenens and Temporary Appointment Providers
- J. Medical Director and Behavioral Health Director
- L. Chief Financial Officer (CFO)
- M. Chief Executive Officer (CEO)

DEFINITIONS:

Provider Enrollment: The process of registering an individual provider, or NACA as an organization, with a governmental, tribal, commercial, managed care, or contracted payer so that services can be billed to that payer, including revalidation and linking the provider to NACA's group or organizational enrollment. In this policy, "enrollment" means provider enrollment. Assistance with patient coverage enrollment is governed by BIL 420 Outreach & Enrollment Assistance.

Payer Credentialing: A payer's review of a provider's qualifications for participation in that payer's network. Payer credentialing is a payer decision.

Clinical Credentialing and Privileging: NACA's own verification of a provider's qualifications and grant of appointment and clinical privileges, governed by HR 500 and not by this policy.

Participation Effective Date: The date from which a payer recognizes the provider as enrolled and participating for billing purposes.

Credentialing Matrix: The current list, maintained by Billing, of each provider's enrollment and participation status by payer.

Enrollment Application Denial: A payer's rejection or denial of a provider enrollment or payer credentialing application. Claim denials related to enrollment are managed under BIL 310 Denial Management.

Credentialing Staff: The Billing Program Manager or a Credentialing Coordinator designated by the Billing Program Manager.

IV. GOVERNANCE:

The Provider Enrollment and Payer Credentialing Program shall be administered by the Billing Program Manager under the oversight of the Chief Financial Officer.

Policy development, review, approval, revision, maintenance, and document control activities for this policy shall be governed by AG 200 Policy and Procedure Development and Maintenance.

Consistent with the NACA Board of Directors Bylaws, Article IX, the Finance Committee provides governance oversight of provider enrollment and payer credentialing activities through its oversight of financial management and revenue cycle operations. The Chief Financial Officer shall report provider enrollment status, enrollment aging, enrollment-related risks, and the revenue impact of enrollment delays through the reporting processes established in FIN 240 Revenue Cycle Financial Reporting & Analytics.

Human Resources responsibilities related to provider hiring, employment screening, credentialing, privileging, status changes, and separation are governed by HR 210



Employment Screening and Requirements, HR 252 Employee Separation, and HR 500 Credentialing and Privileging of Licensed Independent Practitioners. Billing relies on information and documentation generated through those processes and does not duplicate primary source verification.

Operational requirements for provider enrollment, payer credentialing, recredentialing, revalidation, enrollment monitoring, denial management, appeals, escalations, provider data maintenance, and enrollment record maintenance are established in BIL 430A Provider Enrollment & Payer Credentialing Procedure.

V. GUIDELINES:

A. Standards of Practice

- Provider enrollment shall begin as early as feasible following hire approval, contract execution, or temporary or locum tenens appointment.
- Enrollment and credentialing applications shall be submitted timely.
- CAQH profiles shall be maintained and attested according to payer requirements.
- Recredentialing and revalidation requirements shall be monitored routinely.
- Enrollment status reports shall be maintained and reviewed regularly.
- Provider demographic and practice location changes shall be reported to payers timely.
- Enrollment denials and deficiencies shall be investigated promptly.
- Appeals and reconsiderations shall be submitted when warranted.
- Revenue cycle impacts associated with enrollment delays shall be monitored.
- Enrollment-related claim denials shall be tracked and analyzed under BIL 310 Denial Management.
- High-risk enrollment concerns shall be escalated according to established procedures.
- Providers shall not be scheduled as participating providers with a payer until participation has been confirmed unless otherwise permitted under payer policy.
- Patients shall not be billed for charges denied solely because of a provider's enrollment or participation status.
- When Human Resources reports a lapse in a provider's license, DEA registration, or required liability coverage, or a positive exclusion screening result under HR 210, Billing shall take appropriate action consistent with applicable payer requirements and organizational policies. Overpayments are resolved under BIL 250 Credit Balance Resolution & Overpayment Recovery.
- Billing shall maintain a current Payer Participation Status List and make it available to the Medical Director, Behavioral Health Director, Clinic Manager, and Patient Service Coordinators for scheduling and for provider coverage assignments under MS 665 Provider Coverage.

B. Provider Enrollment and Credentialing Standards

The organization shall maintain processes for:

- Initial Provider Enrollment
- Payer Credentialing



- Recredentialing
- Medicare Revalidation
- Medicaid/AHCCCS Revalidation
- CAQH Maintenance
- Provider Data Management
- Enrollment Status Tracking
- Enrollment Denial Management
- Enrollment Appeals
- Escalation Management
- Provider Terminations
- Network Participation Monitoring
- Organizational (Group and Site) Enrollment and Revalidation
- Enrollment of Locum Tenens, Temporary, and Covering Providers

C. Documentation Requirements

The following provider enrollment and payer credentialing records shall be maintained in NACA's designated electronic systems and repositories, as applicable. Primary source verification records are maintained in the HR 500 Credentialing and Privileging file and are not duplicated:

Enrollment Applications

- Credentialing Applications
- CAQH Documentation
- NPI Documentation
- License Documentation Submitted to Payers
- DEA Documentation Submitted to Payers
- Malpractice Documentation
- Enrollment Tracking Reports
- Recredentialing Logs
- Payer Correspondence
- Denial Documentation
- Appeal Documentation
- Escalation Records
- Audit Reports
- Corrective Action Plans
- Payer Credentialing Matrix

D. Compliance and Monitoring

Compliance shall be monitored through:

- Enrollment Audits
- Recredentialing Reviews
- Enrollment Aging Reviews
- Enrollment Denial Tracking
- Revenue Impact Monitoring



- Network Participation Reviews
- Revenue Cycle Quality Assurance Activities
- Corrective Action Monitoring
- Finance Committee Reporting under FIN 240

Procedure: BIL 430A – Provider Enrollment & Payer Credentialing Procedure

VI. REFERENCES:

- AAAHC Accreditation Handbook v45, ADM.120.40 (reasonable steps taken to comply with applicable laws and regulations)
- AAAHC Accreditation Handbook v45, ADM.130.20 (written policies and procedures for controlling accounts receivable)
- AAAHC Accreditation Handbook v45, GOV.170.40 and GOV.170.50 (financial management and accountability; fraud and abuse obligations)
- AAAHC Accreditation Handbook v45, CPV.100.40 (organization's own independent credentialing and privileging process)
- HRSA Health Center Program Compliance Manual, Chapter 16: Billing and Collections
- IHS/UIO On-Site Review Manual, Financial Management (patient billing; review and response to payment denials)
- IHS Contract 75H71024D00003, Section G.3(B), Identifying and Billing Third Party Payers; 25 U.S.C. § 1623(b)
- 42 CFR Part 424, Subpart P (Medicare provider enrollment and revalidation)
- AHCCCS Provider Participation Agreement and AHCCCS provider enrollment requirements
- CAQH Requirements; Contracted Payer Provider Manuals
- NACA Board of Directors Bylaws, Article IX (Finance Committee)
- NACA Policies: AG 300 Compliance Program; HR 210 Employment Screening and Requirements; HR 250 Disciplinary Action; HR 252 Employee Separation; HR 500 Credentialing and Privileging of Licensed Independent Practitioners; BIL 100 Revenue Cycle Management Program; BIL 105 Insurance Coverage Verification; BIL 250 Credit Balance Resolution & Overpayment Recovery; BIL 310 Denial Management; BIL 400 Medicare FQHC PPS Billing; BIL 410 AHCCCS & Medicaid Billing; FIN 240 Revenue Cycle Financial Reporting & Analytics; FIN 1420 Financial Record Retention; MS 665 Provider Coverage



PROCEDURE: BIL 430A	() Revision (X) New	Original Issue Date: Revised Date: Owner: Billing Program Manager
Provider Enrollment & Payer Credentialing Procedure	Author: Billing Program Manager	Review: Annual by Chief Financial Officer Annual Review Date:

This procedure carries out BIL 430 Provider Enrollment & Payer Credentialing. Terms are defined in BIL 430.

1. ASSIGNMENT OF RESPONSIBILITIES

Billing Program Manager or designee

Responsible for:

- Managing enrollment applications
- Managing credentialing applications
- Maintaining CAQH profiles
- Monitoring application status
- Tracking recredentialing deadlines
- Communicating with payer representatives
- Managing enrollment denials and appeals
- Maintaining enrollment tracking reports
- Monitoring enrollment performance
- Reviewing enrollment aging reports
- Monitoring enrollment-related denials
- Reviewing enrollment barriers
- Implementing corrective actions
- Maintaining Payer Credentialing Matrix
- Designating Credentialing Coordinators as Credentialing Staff

Human Resources

Responsible for:

- Notifying Credentialing of provider hires
- Providing employment status changes
- Providing separation notifications
- Provider documentation collection
- Forwarding provider resignation notices received under HR 252 Employee Separation
- Notifying Credentialing Staff of lapses in license, DEA registration, board certification, or liability coverage, and of positive exclusion screening results under HR 210

Chief Financial Officer

Responsible for:

- Monitoring revenue risks
- Reviewing unresolved enrollment delays
- Supporting escalation activities



- Reviewing high-impact enrollment denials
- Reporting enrollment status and revenue impact to the Finance Committee under FIN 240
- Determining referral to Level 4 Escalation

Providers

Responsible for:

Completing CAQH attestations and responding to Credentialing Staff requests within five (5) business days

Notifying Credentialing Staff of name, license, DEA, liability coverage, or practice location changes

Failure to maintain required licensure or certification is addressed under HR 250 Disciplinary Action.

2. NEW PROVIDER ENROLLMENT

Upon approval of a provider hire, contract, or temporary or locum tenens appointment:

- Human Resources shall notify Credentialing within five (5) business days.
- Required documents shall be collected promptly.
- Payer participation requirements shall be reviewed.
- Enrollment activities shall begin immediately.
- The provider's enrollment shall be linked to NACA's group or organizational enrollment for each payer, including reassignment of Medicare benefits to NACA where applicable.
- Locum tenens and temporary providers appointed under HR 500 shall be prioritized for enrollment. Services rendered before the Participation Effective Date are handled under BIL 430, Section V.A.

Required documentation may include:

- Current professional license
- DEA registration
- NPI
- Curriculum Vitae
- Board certifications
- Professional liability insurance
- Government-issued identification
- Employment agreement
- CAQH profile
- Other payer-specific documentation

Documents shall be obtained from the HR 500 Credentialing/Privileging file where available. Credentialing Staff do not repeat primary source verification.

3. APPLICATION SUBMISSION

Credentialing Staff shall:

- Complete payer enrollment applications.



- Complete credentialing applications.
- Verify required supporting documentation.
- Submit applications timely.
- Document submission dates.

Application tracking shall include:

- Provider Name
- Payer Name
- Submission Date
- Participation Effective Date
- Current Status
- Deficiencies
- Follow-Up Dates
- Notes and Communications

4. APPLICATION FOLLOW-UP

Enrollment applications shall be monitored routinely, with follow-up intervals measured from the application submission date.

30 Days

- Verify receipt of application.
- Confirm documentation completeness.

60 Days

- Request status update.
- Address deficiencies.
- Document payer communications.

90 Days

- Initiate Level 1 Escalation in accordance with Section 9.
- Contact payer representative and request expedited review.
- Document escalation activities.

120 Days

- Initiate Level 3 Escalation in accordance with Section 9.
- Review barriers to enrollment completion.
- Document mitigation efforts.

At any point, a delay affecting provider scheduling, patient access, onboarding, or claim submission initiates Level 2 Escalation in accordance with Section 9.

5. CAQH MANAGEMENT

Billing Program Manager shall:

- Maintain provider CAQH profiles.
- Update demographic information.
- Update malpractice coverage.
- Update licenses and certifications.



- Monitor attestation deadlines.
- Notify providers of upcoming re-attestation at least fourteen (14) days before the attestation deadline.

Providers shall cooperate with requests for updates and corrections within five (5) business days.

6. RE-CREDENTIALING AND REVALIDATION

Credentialing staff shall maintain a tracking system for:

- Recredentialing dates
- Medicare revalidation dates
- AHCCCS revalidation dates
- CAQH attestations
- License renewals
- DEA renewals
- Malpractice renewals
- Organizational (group and site) revalidation dates

Providers shall be contacted sufficiently in advance of required deadlines, and no later than ninety (90) days before a recredentialing or revalidation deadline.

License, DEA, board certification, and liability coverage dates shall be reconciled monthly against the HR 500 Credentialing/Privileging file. Discrepancies are reported to Human Resources. A reported lapse is handled under BIL 430, Section V.A.

7. ENROLLMENT APPLICATION DENIAL MANAGEMENT

Upon receipt of a denial of an enrollment or credentialing application:

Credentialing staff shall:

- Review denial reason.
- Obtain supporting documentation.
- Determine whether the denial is correctable.
- Determine whether reconsideration is appropriate.
- Assess operational impact.
- Assess revenue impact.

Denials shall be categorized, when applicable, as:

- Missing documentation
- Incomplete application
- Licensure deficiencies
- CAQH deficiencies
- Administrative errors
- Network closure
- Payer participation restrictions
- Credentialing concerns

All denials shall be documented.



Claim denials caused by a provider's enrollment or participation status are worked under BIL 310A Denial Management Procedure and categorized there as provider enrollment denials.

8. APPEALS AND RECONSIDERATIONS

When appeal rights exist for an Enrollment Application Denial:

- Appeals shall be submitted within payer timeframes.
- Supporting documentation shall be included.
- Provider statements may be obtained when needed.
- Appeal status shall be tracked through final resolution.

Appeals remain active until:

- Approval
- Final denial
- Administrative closure
- Provider withdrawal

9. ESCALATION PROCESS

Level 1 Escalation

- Pending >90 days
- Credentialing Staff contact the payer representative.

Level 2 Escalation

- Delay is impacting provider scheduling, patient access, onboarding, or claim submission, at any point in the application timeline.
- Billing Program Manager intervention with the payer and development of a corrective action plan.

Level 3 Escalation

- Pending >120 days or reimbursement is materially affected.
- CFO notification and review.
- Develop mitigation plan for lost revenue and operational impact.

Level 4 Escalation

- High financial risk, payer contract concerns, network participation loss, or significant operational disruption, as determined by the CFO.
- CEO review and executive payer escalation when appropriate.

10. PROVIDER DATA MAINTENANCE

Billing Program Manager shall notify payers of applicable changes, including:

- Name changes
- Practice location changes
- Taxonomy changes
- Supervising physician changes
- Licensure changes
- Organizational ownership changes
- Employment status changes



- Provider terminations

Service site additions or closures

Notifications shall occur within payer-required timeframes.

11. PROVIDER TERMINATION

Upon receipt of a provider's resignation notice or a separation decision:

- Human Resources shall notify Credentialing within two (2) business days, forwarding the resignation notice received under HR 252.
- Payers shall be notified as required, using the separation date stated in the notice.
- Enrollment records shall be updated.
- Active applications shall be closed.
- Participation tracking reports shall be updated.
- The Payer Credentialing Matrix List shall be updated.

12. COMPLIANCE AND MONITORING

- Audit enrollment timeliness.
- Monitor enrollment aging.
- Review enrollment-related denials.
- Monitor payer participation status.
- Review revenue impacts.
- Evaluate escalation effectiveness.
- Verify corrective action completion.
- Review performance improvement opportunities.

Monitoring frequency:

- Monthly: the Billing Program Manager reviews the enrollment status and aging report.
- Quarterly: the CFO reviews enrollment-related denials, revenue impact, and escalation effectiveness, and reports to the Finance Committee under FIN 240.
- Annually: Credentialing Staff audit the enrollment records of a sample of providers (ten (10) providers or ten percent (10%), whichever is greater) for completeness and timeliness.

MEDICAL SERVICES POLICY MANUAL

Summary of Changes

MS 665 is a new policy. The Board approves the Policy component; Procedure MS 665A is maintained by the Director of Operations, and Clinical Protocol MS 665B by the Medical Director and Behavioral Health Director.

October 2026 Out-of-Cycle Changes

Policy #	Policy Name	Type	Impact	Summary of Change
MS 665	Provider Coverage	New	Moderate	<p>New policy. Establishes NACA's Provider Coverage Program for planned and unplanned absences of Medical and Behavioral Health providers, covering result management, patient messages, prescription refills, hospital and emergency department follow-up, crisis and after-hours coverage, escalation, and documentation.</p> <p>Coverage stays within the same service line unless the covering provider agrees and department leadership approves. A coverage plan is not used to deliver care without an appropriately licensed provider, and Medical Services patient care follows the provider presence requirements of MS 660.</p> <p>A schedule that leaves a service line without a provider during operating hours requires an approved coverage plan before implementation. Leave protected by law, including FMLA under HR 304, is not denied because of insufficient coverage.</p> <p>The Medical Director oversees Medical provider coverage and the Behavioral Health Director oversees Behavioral Health provider coverage. Procedure MS 665A covers responsibilities, planned and unplanned absences, message management, after-hours coverage, escalation, documentation, and monitoring; Clinical Protocol MS 665B sets the clinical criteria for each service line.</p>

Impact Legend: Low = structural/administrative or form update; Moderate = substantive operational or risk-control change.



POLICY: MS 665	() Revision (X) New	Original Issue Date: Revised Date: Approved By: Board of Directors
Provider Coverage	Author: DOO	Approval Date: Effective Date: Annual Review Date:

I. POLICY

- A. It is the policy of Native Americans for Community Action, Inc. (NACA) to maintain a comprehensive Provider Coverage Program that ensures continuity of care, timely access to services, patient safety, and uninterrupted clinical operations during planned and unplanned provider absences.
- B. All Medical and Behavioral Health providers shall participate in established provider coverage processes. Coverage processes ensure appropriate management of patient care responsibilities, clinical communications, diagnostic results, prescription requests, urgent patient needs, and continuity of treatment services.
- C. Provider coverage activities shall be coordinated to support continuity of patient care, regulatory compliance, access to care, risk mitigation, operational efficiency, and quality outcomes.

II. PURPOSE

- A. To establish standardized requirements for:
 - Planned provider absences
 - Unplanned provider absences
 - Medical provider coverage
 - Behavioral Health provider coverage
 - Provider cross-coverage assignments
 - Clinical result management
 - Behavioral Health continuity of care
 - Patient message management
 - Prescription refill management
 - Hospital and emergency department follow-up
 - Crisis and urgent care management
 - After-hours coverage
 - Coverage documentation
 - Escalation procedures
 - Performance monitoring



III. SCOPE

Applies to:

A. Medical Services

- Medical Director
- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurses
- Medical Assistants
- Clinical Supervisor
- Clinic Manager

B. Behavioral Health Services

- Behavioral Health Director
- Psychiatric Nurse Practitioners
- Licensed Behavioral Health Clinicians

C. Administrative Leadership

- Chief Executive Officer (CEO)
- Human Resources

D. Patient Services

- Front Desk Staff

IV. GOVERNANCE

- A. The Medical Provider Coverage shall be overseen by the Medical Director. The Behavioral Health Provider Coverage shall be overseen by the Behavioral Health (BH) Director.
- B. The Medical Director and BH Director shall maintain provider coverage schedules and ensure adequate provider availability during operating hours. Coverage activities shall be reviewed annually and revised as necessary to support patient safety, continuity of care, regulatory compliance, operational effectiveness, and organizational goals.
- C. Approval, review, revision, ownership, and maintenance of this policy and its associated documents shall be conducted in accordance with AG 200, Policy and Procedure Development and Maintenance. Operational responsibility for MS 665A rests with the Director of Operations. Clinical responsibility for MS 665B rests with the Medical Director and Behavioral Health Director, as applicable.



V. GUIDELINES

Staffing Coverage Requirements

- A. The Medical Director and Behavioral Health Director shall ensure sufficient provider availability is maintained during operating hours to support patient care needs and continuity of services.
- B. Provider schedules shall be developed to maintain adequate clinical coverage within each service line and maintain appropriate provider and prescribing-provider coverage, as applicable.
- C. Behavioral Health Services shall maintain Behavioral Health provider coverage and Medical Services shall maintain Medical provider coverage. Coverage responsibilities shall not be assigned to, assumed by, or transferred to another service line without the knowledge and agreement of the covering provider and approval of the appropriate department leadership.
- D. Schedules resulting in no available provider within a discipline or service line during operating hours shall require an approved coverage plan prior to implementation.
- E. A coverage plan shall not be used to provide medical or behavioral health patient care services in the absence of an appropriately licensed provider. For Medical Services, patient care shall be provided only when the provider presence requirements of MS 660 Provider Presence in Primary Care Setting are met. When all providers within a service line are unavailable, a provider from another service line may be designated to receive and route communications, coordinate referrals, facilitate continuity of care, and direct patients to emergency services as appropriate; however, no clinical services shall be rendered outside the covering provider's authorized scope of practice.
- F. Coverage plans shall identify the responsible covering provider and outline responsibilities for patient care, prescription management, laboratory and diagnostic result review, urgent patient needs, and continuity of care activities.
- G. Leave protected by law, including leave under HR 304 Family Medical Leave Act (FMLA), shall not be denied because of insufficient provider coverage. For protected leave, department leadership shall develop a coverage plan.
- H. NACA shall prioritize coverage by providers within the same clinical discipline to maintain continuity of care and specialty expertise. Behavioral Health providers should provide coverage for Behavioral Health services, and Medical Services providers should provide coverage for Medical Services whenever feasible. Cross-department coverage may be implemented only after reasonable efforts to secure same-discipline coverage have been exhausted and only within the covering provider's authorized licensure, privileges, competencies, and scope of practice.



VI. REFERENCES

- A. HRSA Health Center Program Compliance Manual (2026): Chapter 5 Clinical Staffing; Chapter 7 Coverage for Medical Emergencies During and After Hours; Chapter 8 Continuity of Care and Hospital Admitting
- B. IHS Urban Indian Organization contract 75H71024D00003, Section C.1.3.B.1 (Behavioral Health coverage during staff absences)
- C. Arizona Medical Board Requirements
- D. Arizona Board of Behavioral Health Examiners Requirements
- E. NACA Quality Improvement Program
- F. AAAHC Accreditation Handbook for Ambulatory Health Care, v45: SAF.100.40, SAF.100.50, CRD.250.20, CMC.100.60, CMC.100.70, BEH.280, BEH.290.40, MHM.130.10, MHM.140.30
- G. AG 120 Days & Hours of Operation; AG 121 After Hours Coverage; AG 200 Policy and Procedure Development and Maintenance
- H. BH 100 Outpatient Services; BH 430 Suicide Risk Assessment; BH 450 Prescribing Psychotropic Medications
- I. HR 301 Annual Leave; HR 304 Family Medical Leave Act (FMLA)
- J. MM 430 Medication Refills; MR 440 Documentation in Medical Records
- K. MS 620 Hospitalization and Transition of Care; MS 660 Provider Presence in Primary Care Setting; MS 940 Healthcare Laboratory and Imaging Follow-up
- L. QRM 310 Incident Reporting; RR 420 Rescheduled, Missed, or Canceled Appointments



MS 665A — PROVIDER COVERAGE PROCEDURE

Owner: **DOO** | Review: Annual

1. DEFINITIONS

Planned Absence: A provider absence known in advance, including approved leave, training, conferences, alternative work schedules, and telework arrangements.

Unplanned Absence: A provider absence not known in advance, including illness, emergencies, and unscheduled leave.

Extended Absence: A planned or unplanned absence expected to exceed 5 consecutive business days.

Covering Provider: The provider assigned to assume an absent provider's coverage responsibilities, within the same service line unless approved under MS 665 Section V.

Critical Result: A laboratory, imaging, or diagnostic result requiring immediate action, as addressed in MS 940 Healthcare Laboratory and Imaging Follow-up.

High-Risk Patient: As defined in MS 665B Provider Coverage Clinical Protocol.

Service Line: Medical Services or Behavioral Health Services.

Operating Hours: The hours of operation established in AG 120 Days & Hours of Operation.

Executive Leadership: The Chief Executive Officer (CEO) or designee.

2. ASSIGNMENT OF RESPONSIBILITIES

Medical Director or Designee

Responsible for:

- Ensuring adequate medical provider coverage
- Approving medical coverage schedules
- Monitoring compliance with medical coverage requirements
- Reviewing medical coverage concerns
- Reviewing patient safety issues related to provider coverage
- Implementing corrective actions when necessary

Behavioral Health Director or Designee

Responsible for:

- Ensuring adequate Behavioral Health provider coverage
- Ensuring adequate Behavioral Health prescribing-provider coverage
- Approving Behavioral Health coverage schedules
- Assigning Behavioral Health coverage
- Monitoring continuity of Behavioral Health services
- Reviewing Behavioral Health coverage concerns



- Designating a covering prescriber to review results ordered by an absent Behavioral Health prescribing provider
- Serving as Level 1 escalation reviewer for Behavioral Health coverage concerns
- Implementing corrective actions when necessary

Medical Providers

Responsible for:

- Participating in medical coverage assignments
- Communicating planned absences timely
- Completing provider handoff communications
- Identifying high-risk patients requiring follow-up
- Documenting patient care activities

Behavioral Health Providers

Responsible for:

- Participating in Behavioral Health coverage assignments
- Identifying high-risk patients requiring follow-up
- Communicating continuity-of-care needs
- Completing provider handoff communications
- Documenting patient care activities

Clinical Staff

Responsible for:

- Routing patient communications appropriately
- Following provider coverage schedules
- Escalating urgent concerns
- Assisting with provider communications
- Documenting coverage-related activities

Clinic Manager

Responsible for:

- Assisting in maintaining coverage schedules
- Communicating coverage assignments
- Monitoring operational impacts
- Escalating unresolved coverage concerns

Front Desk Staff

Responsible for:

- Routing incoming calls and messages according to coverage schedules
- Notifying patients of appointments affected by a provider absence and offering rescheduling or an appointment with the covering provider



Chief Executive Officer (CEO) or Designee

Responsible for:

- Approving continuity-of-service plans when a service line has no available provider
- Conducting Level 4 escalation reviews

Human Resources

Responsible for:

- Processing leave protected by law, including leave under HR 304 Family Medical Leave Act (FMLA), in accordance with HR policy
- Notifying department leadership of approved protected leave so a coverage plan can be developed

3. COVERAGE STANDARDS AND PROCESSES

General Standards

- Coverage responsibilities shall be documented and communicated to staff.
- Patient care shall not be delayed due to provider absence.
- Escalation procedures shall be followed when coverage concerns arise.
- Coverage assignments shall be maintained in accordance with organizational requirements.

Provider Coverage Standards

The organization shall maintain processes for:

Medical Coverage

- Planned Medical Provider Coverage
- Unplanned Medical Provider Coverage
- Clinical Result Management
- Prescription Refill Coverage
- Patient Communication Management
- Hospital Follow-Up Management
- Emergency Department Follow-Up Management

Behavioral Health Coverage

- Planned Behavioral Health Coverage
- Unplanned Behavioral Health Coverage
- Behavioral Health Patient Communication Management
- Crisis Response Coverage
- High-Risk Patient Follow-Up
- Continuity of Behavioral Health Treatment Services
- Psychiatric Coverage Coordination

Shared Functions



- Coverage Documentation
- Escalation Management
- Performance Monitoring

4. PLANNED PROVIDER ABSENCES

Prior to approving leave requests, training attendance, conferences, alternative work schedules, telework arrangements, or other scheduling modifications, department leadership shall review staffing levels and provider coverage requirements.

Coverage plans shall ensure:

- Adequate provider availability
- Continuity of patient care services
- Management of urgent patient concerns
- Timely review of critical clinical results
- Prescription refill coverage
- Crisis response capability

Requests that would result in insufficient provider coverage shall be denied, modified, rescheduled, or supported by an approved alternative coverage plan.

This provision does not apply to leave protected by law, including leave under HR 304 Family Medical Leave Act (FMLA). For protected leave, department leadership shall develop a coverage plan; insufficient coverage is not grounds for denial.

Any schedule resulting in no available provider coverage within a service line during operating hours shall require an approved continuity-of-service plan prior to implementation.

Medical Providers

For planned medical provider absences:

- Providers shall notify leadership as early as possible.
- Coverage arrangements shall be established prior to the absence.
- Coverage assignments shall be communicated to staff.
- Outstanding urgent matters shall be addressed whenever possible.
- High-risk patient concerns shall be communicated to the covering provider.

Information provided to the covering provider may include:

- High-risk patients
- Pending laboratory results
- Pending imaging results
- Time-sensitive follow-up needs
- Hospitalized patients
- Pending referrals
- Medication management concerns



Behavioral Health Providers

For planned Behavioral Health provider absences:

- Coverage arrangements shall be coordinated by the Behavioral Health Director or designee.
- High-risk patients shall be identified.
- Crisis management needs shall be communicated.
- Continuity-of-care needs shall be addressed prior to the absence whenever possible.
- Ongoing treatment concerns requiring immediate follow-up shall be communicated to the covering provider.

Requests that would result in insufficient clinical staffing or provider coverage shall be denied, modified, or rescheduled unless an approved alternative coverage plan is implemented. This is subject to the protected-leave exception in this section.

Any circumstance resulting in no available provider within a service line shall require advance approval from Executive Leadership and a documented continuity-of-service plan.

Patient appointments affected by a provider absence shall be managed through established scheduling processes. Rescheduling, reassignment, cancellation, and patient notification activities shall be documented in the applicable scheduling system, as appropriate.

5. UNPLANNED PROVIDER ABSENCES

Medical Providers

Upon notification of an unplanned absence:

- The Medical Director or designee shall assign medical provider coverage.
- Clinical staff shall redirect messages and patient care tasks appropriately.
- Critical results shall be reassigned immediately.
- Urgent patient concerns shall receive timely review.
- Patients with same-day appointments shall be notified and offered rescheduling or an appointment with the covering provider.

Behavioral Health Providers

Upon notification of an unplanned absence:

- The Behavioral Health Director or designee shall assign Behavioral Health coverage.
- High-risk patients shall be prioritized.
- Crisis-related concerns shall be escalated immediately.
- Coverage assignments shall be communicated to appropriate staff.
- Patients with same-day appointments shall be notified and offered rescheduling or an appointment with the covering provider.

6. PATIENT MESSAGE MANAGEMENT

Covering providers shall review and address:



- Urgent patient portal messages
- Telephone encounters
- Clinical staff requests
- Time-sensitive patient concerns
- Follow-up communications requiring provider review

Non-urgent matters may be addressed by the covering provider or deferred to the primary provider when clinically appropriate. Non-urgent matters shall not be deferred during an Extended Absence.

Response Standards: During a provider absence, the covering provider shall address urgent patient messages and telephone encounters the same business day and non-urgent clinical messages within two (2) business days. Messages received after operating hours are addressed the next business day, except as provided in Section 7. Prescription refill requests are processed in accordance with MM 430 Medication Refills, and results are reviewed in accordance with MS 940 Healthcare Laboratory and Imaging Follow-up.

Extended Absences: For an Extended Absence, the Medical Director or Behavioral Health Director shall reassign the absent provider's electronic task queues, pending results, and active patient follow-up to a named covering provider for the duration of the absence. The reassignment shall be documented in the Coverage Assignment Records.

7. AFTER-HOURS COVERAGE

After-hours coverage is provided in accordance with AG 121 After Hours Coverage (medical) and BH 100 Outpatient Services, Section D (behavioral health).

After-hours coverage responsibilities may include:

- Telephone triage
- Urgent clinical guidance
- Referral to crisis services
- Escalation of emergent concerns
- Documentation of patient interactions

Patients requiring emergency medical care shall be instructed to call 911 or seek immediate emergency treatment.

After-hours contacts involving Behavioral Health patients shall be reviewed the next business day by the Behavioral Health Director or designee, and follow-up shall be documented in the EHR.

8. ESCALATION PROCESS

Level 1 Escalation

- Coverage assignment uncertainty
- Delayed response to urgent communications

Actions:

- **Response: reviewed and resolved the same business day**



- Medical Director or designee review (Medical Services) or Behavioral Health Director or designee review (Behavioral Health Services)
- Immediate reassignment if necessary

Level 2 Escalation

- Delayed review of critical results
- Significant patient access concerns
- Coverage-related operational disruption

Actions:

- Response: director intervention the same business day; delayed critical results are addressed immediately in accordance with MS 940
- Medical Director or Behavioral Health Director intervention
- Development of corrective action plan within ten (10) business days

Level 3 Escalation

- Repeated coverage failures
- Significant continuity-of-care concerns
- Patient safety concerns that did not result in serious harm, including near misses (QRM 320 Adverse Incidents, Grades III and IV)

Actions:

- Response: leadership review within two (2) business days
- Leadership review
- Formal corrective action plan within ten (10) business days
- Quality improvement review
- Incident report submitted in accordance with QRM 310 Incident Reporting

Level 4 Escalation

- Patient death or serious injury, or a significant chance of a serious adverse outcome (QRM 320 Adverse Incidents, Grades I and II)
- Systemic provider coverage deficiencies
- Major operational impact

Actions:

- Response: Executive Leadership notified the same business day; QI & Compliance Director notified within 24 hours in accordance with QRM 320 Adverse Incidents
- Executive leadership review
- Quality Improvement intervention
- Organizational corrective action planning
- Incident report submitted in accordance with QRM 310 Incident Reporting

9. COVERAGE DOCUMENTATION

Providers shall document:

- Clinical decision-making
- Patient communications
- Follow-up plans
- Prescription decisions
- Crisis interventions
- Escalation activities
- Coordination efforts

Documentation shall be completed in the electronic health record in accordance with MR 440 Documentation in Medical Records.

10. COVERAGE RECORDS

The following documentation shall be maintained:

- Provider Coverage Schedules
- Behavioral Health Coverage Schedules
- Coverage Assignment Records
- Provider Communications
- Clinical Documentation
- Critical Result Notifications
- Escalation Documentation
- Quality Improvement Documentation
- Corrective Action Plans
- Monitoring Reports

Coverage records shall be maintained by the responsible department in a manner that supports operational oversight, quality improvement activities, and regulatory review. Coverage records shall be retained for a minimum of three (3) years.

11. COMPLIANCE AND MONITORING

Compliance shall be monitored through:

- Medical Record Reviews
- Critical Result Monitoring
- Patient Access Monitoring
- Message Response Time Monitoring
- Behavioral Health Coverage Reviews
- Patient Safety Event Reviews
- Corrective Action Monitoring
- Performance Improvement Activities



Leadership shall:

- Monitor patient access metrics.
- Evaluate continuity-of-care concerns.
- Review patient safety events.
- Verify corrective action completion.
- Identify performance improvement opportunities.
- Monitor response times.
- Review critical result management.
- Review Behavioral Health coverage effectiveness.
- Review escalation trends.



MS 665B — PROVIDER COVERAGE CLINICAL PROTOCOL

*Owners: Medical Director (Sections A and C) | Behavioral Health Director (Sections B and C) |
Review: Annual*

A. MEDICAL COVERAGE CLINICAL CRITERIA

1. Standards of Practice — Medical Services

- Medical providers shall participate in provider coverage arrangements.
- Coverage assignments shall be established prior to planned absences whenever possible.
- Critical laboratory, imaging, and diagnostic results shall be reviewed immediately, in accordance with MS 940 Healthcare Laboratory and Imaging Follow-up.
- Urgent patient concerns shall receive timely review.
- Telephone encounters shall be monitored during provider absences.
- Prescription refill requests shall be addressed according to MM 430 Medication Refills and clinical judgment.

2. High-Risk Patient Definition (Medical)

A patient whose clinical condition, treatment plan, or pending care activities require timely provider review, intervention, monitoring, or follow-up to reduce the risk of adverse outcomes. High-risk patients may include, but are not limited to, patients with abnormal or critical diagnostic results, recent hospitalization or emergency department utilization, active medication management concerns, chronic conditions requiring close monitoring, pregnancy, behavioral health crisis concerns, suicide risk, or other conditions identified by the treating provider as requiring priority follow-up

3. Clinical Result Management

Medical covering providers shall:

- Review critical laboratory results immediately, in accordance with MS 940.
- Review urgent imaging findings.
- Review pathology findings requiring intervention.
- Document actions taken.
- Notify patients when clinically indicated.

Critical results shall not be deferred solely because of provider absence.

4. Hospital and Emergency Department Follow-Up

Covering medical providers shall:

- Review hospital and emergency department discharge notifications within 24–48 hours of receipt, in accordance with MS 620 Hospitalization and Transition of Care.
- Review emergency department reports.
- Coordinate necessary follow-up care.
- Ensure continuity of treatment services.
- Communicate significant concerns to the primary provider upon return.



B. BEHAVIORAL HEALTH COVERAGE CLINICAL CRITERIA

1. Standards of Practice — Behavioral Health Services

- Behavioral Health providers shall participate in Behavioral Health coverage arrangements.
- Coverage shall support continuity of counseling, psychiatric, and behavioral health treatment services.
- High-risk Behavioral Health patients shall receive follow-up within 24 hours of the need being identified.
- Crisis and safety concerns shall be addressed promptly.
- Behavioral Health coverage assignments shall be coordinated by the Behavioral Health Director or designee.
- Behavioral Health treatment interruptions shall be minimized whenever feasible.

2. High-Risk Patient Definition (Behavioral Health)

A behavioral health patient who, due to clinical condition, level of acuity, safety concerns, or treatment needs, requires timely assessment, monitoring, intervention, or follow-up to reduce the risk of harm to self or others, psychiatric decompensation, relapse, hospitalization, or interruption of essential behavioral health services. High-risk patients may include, but are not limited to, individuals with current or recent suicide risk, homicidal ideation, recent psychiatric hospitalization, active crisis intervention needs, severe mental illness, substance use disorder requiring close monitoring, court-mandated treatment requirements, or other circumstances identified by the treating provider as requiring priority follow-up.

3. Behavioral Health–Ordered Results

During a Behavioral Health prescribing provider's absence, results ordered by that provider shall be reviewed by a covering prescriber designated by the Behavioral Health Director, under the same requirements as Section A.3. Critical results shall not wait for the prescribing provider's return. The designated covering prescriber and backup shall be identified by role on the Behavioral Health coverage schedule.

C. PRESCRIPTION REFILL MANAGEMENT (ALL SERVICE LINES)

Covering providers shall:

- Review refill requests.
- Assess clinical appropriateness.
- Follow MM 430 Medication Refills and, for psychotropic medications, BH 450 Prescribing Psychotropic Medications.
- Require appointments when medically necessary.
- Document refill decisions appropriately.

Controlled substances shall be managed in accordance with applicable federal, state, tribal, and organizational requirements. The covering prescriber shall review the Prescription Drug Monitoring Program (PDMP) report in accordance with MM 430.



RISK MANAGEMENT PROGRAM

2026–2027 Plan Year

Native Americans for Community Action, Inc.

Flagstaff, Arizona

Presented to the Board of Directors · 10/21/26

RISK MANAGEMENT PROGRAM

Summary of Changes

The 2026–2027 Risk Management Program updates the plan approved by the Board of Directors on 11/18/25. Changes are listed by plan section.

2026–2027 Plan Year Update

Plan Section	Type	Impact	Summary of Change
Title Block	Revision	Low	Updated to the 2026–2027 plan year, with plan owner, Board approval, effective, and annual review dates.
Scope and Objectives	New Section	Moderate	The Plan applies to all NACA programs and sites, including the Family Health Center, Behavioral Health, Health Promotions, the Wellness Center, the Overlook, grant-funded programs, and Administration, and to all employees, contractors, students, volunteers, and affiliates. Five Program objectives are set, including monthly Board reporting and an annual Program evaluation.
Risk Management Team and Responsibilities	Revision	Low	The Human Resources Director and a Clinical Registered Nurse are added to the Team, which shares its membership with the QIC as listed in QRM 100. The Risk Manager serves as liaison among departments, the Board of Directors, and NACA’s insurance carriers and legal advisors (QRM 300). Information security risk assessments are completed at least annually as part of the organizational risk assessment.
Risk Management Training	New Section	Moderate	All employees complete risk management training at orientation and annually, assigned and tracked through NACA’s learning management system. The QIC identifies added training needs from incident trends and the annual risk assessment.
Risk Identification	Revision	Low	The data security risk category now includes technology and artificial intelligence (AI). The sources used to identify risk are listed, including incident reports, complaints and grievances, clinical record reviews, peer review, GPRAs measures, claims, and audits.
Risk Analysis and Risk Mitigation (Appendices A and B)	Revision	Moderate	Each risk is scored on the Probability × Impact matrix in Appendix A, with a required response by level: Extreme (15–25), mitigation plan within 30 days and reported to the CEO and the next monthly Board Report; High (10–14), mitigation plan within 60 days with QIC review; Medium (5–9), QIC decision recorded in minutes; Low or Negligible (1–4), accepted and monitored. Appendix B uses the same risk levels.
Incident and Adverse Incident Tracking and Trending (Appendices C and D)	Revision	Moderate	Tracking covers incidents, adverse incidents, and near misses, through the Incident Report form or NACA’s electronic incident reporting system once implemented; good-faith reports are free from retaliation (QRM 310). Every Potential Compensable Event requires an Adverse Incident Summary Report. External agency notifications (ADHS, Adult Protective Services, Child Protective Services, VAERS, FDA MedWatch) and professional liability carrier notification are documented, with the 24-hour carrier notice for Grade I and II adverse incidents (QRM 320). The Appendix C and D forms capture these fields.
Root Cause Analysis (Appendices E and F)	Revision	Moderate	Root cause analyses are completed within 45 days of the event (QRM 320). The QI & Compliance Director is named throughout the worksheet and process.
Clinical Record Review	New Section	Moderate	At least quarterly, physicians or other licensed health care professionals review a sample of medical and behavioral health records for adherence to clinical guidelines and to identify patient safety concerns and unreported adverse events, including peer review under QRM 500. Results are reported to the QIC.
Claims, Litigation, and the Federal Tort Claims Act	New Section	Moderate	Subpoenas, summonses, notices of claim, and lawsuits go to the CEO immediately. The Risk Manager keeps a claims and litigation log, reviewed with the CEO at least quarterly and summarized in the annual Program evaluation. The CEO designates NACA’s FTCA point of contact under the IHS contract, and claim-related documents are preserved until all appeals are resolved.

Plan Section	Type	Impact	Summary of Change
Risk Monitoring and Review	Revision	Moderate	The annual organizational risk assessment includes the AI tools in use. An AI risk assessment is also completed before any new AI tool is put into use and when a need is identified, such as a new AI vendor, a material change to a tool, or an AI-related patient safety event.
Communication and Reporting	Revision	Low	Risk management and quality assurance records are kept confidential and secure, available on a need-to-know basis, and protected consistent with 25 U.S.C. § 1675.
Annual Program Evaluation and Board Review	New Section	Moderate	The Risk Manager evaluates the Program each year within the July Quality Improvement Program evaluation (QRM 100). The Board of Directors reviews the evaluation and approves the updated plan each October.
2026–2027 Risk Management Priorities	New Section	Moderate	The QIC tracks the plan-year priorities: electronic incident reporting go-live (January 2027), AI risk assessments by 6/30/27, the claims and litigation log with quarterly reviews, quarterly clinical record review reporting, 95% training completion by 6/30/27, and a risk assessment before any new service, site, or major operational change.
Related Policies and References	New Section	Low	Lists the twelve NACA policies that make up the Program, and the AAAHC v45, IHS Urban Indian Organization contract and Review Manual, HRSA Compliance Manual, 25 U.S.C. § 1675, and A.R.S. abuse and neglect reporting references.

Impact Legend: Low = structural/administrative or form update; Moderate = substantive operational or risk-control change.



Native Americans for Community Action Risk Management Program

2026–2027 Plan Year

Plan Owner: QI & Compliance Director (Risk Manager) | Approved by: Board of Directors
Approval Date: 11/18/25; 10/21/26 | Effective Date: 11/19/25; 10/22/26 | Annual Review Date: 10/21/27

Introduction

A risk management program is designed to proactively identify and mitigate potential risks and hazards in outpatient healthcare settings. The primary goal of NACA's Risk Management Program is to ensure patient safety, minimize adverse events, and to protect the organization from financial and legal liabilities.

Scope and Objectives

This Plan applies to all NACA programs and sites, including the Family Health Center, Behavioral Health, Health Promotions, the Wellness Center, the Overlook, all grant-funded programs, and Administration. It applies to all employees, contractors, students, volunteers, and affiliates, and covers clinical and non-clinical risks to patients, clients, employees, visitors, and the organization.

The objectives of the Risk Management Program are to:

- Protect patients, clients, employees, and visitors from injury and harm.
- Identify, report, and review all incidents, adverse incidents, and near misses, and analyze them to find causes and prevent recurrence.
- Reduce NACA's exposure to loss, including professional liability claims and litigation.
- Maintain compliance with applicable laws, regulations, contract requirements, and accreditation standards.
- Keep the Board of Directors informed through monthly reports and an annual Program evaluation.

Risk Management Team and Responsibilities

The Risk Management Team includes the following positions:

- Chief Executive Officer
- Chief Financial Officer



- Medical Director
- Behavioral Health Director
- Director of Operations
- Human Resources Director
- Quality Improvement and Compliance Director
- Community Development Director or designee
- Clinical Registered Nurse
- Health Information Systems Specialist
- Representation from other grant funded programs

The Risk Management Team and the Quality Improvement Committee (QIC) are comprised of the same members, as listed in QRM 100. This format creates an integrated approach towards continuous quality improvement initiatives.

The Quality Improvement and Compliance Director serves as the Risk Manager. This position is responsible for developing policies and procedures, coordinating risk assessments, managing incident reporting and investigation processes, ensuring compliance with applicable regulations and standards, and ensuring staff education and training on risk management practices. The Risk Manager also serves as liaison among departments, the Board of Directors, and NACA's insurance carriers and legal advisors (QRM 300).

Clinical, medical, and behavioral health staff are responsible for identifying and managing risks related to patient care, including adhering to clinical protocols and guidelines, reporting incidents or near-misses, participating in risk assessments, actively contributing to quality improvement initiatives, and providing safe and effective care to patients and implementing preventive measures to minimize risks.

Health Information Management (HIM) personnel is responsible for conducting audits of health information processes to identify potential risks related to data integrity, confidentiality, and compliance with regulatory standards. They will collaborate with IT and the Quality Improvement Committee to ensure all health information systems are secure and up to date with the latest security protocols.

Administrative Staff including receptionists, medical records personnel, human resources, and billing staff, may have responsibilities related to risk management. They may be responsible for maintaining accurate documentation and records, handling patient complaints and concerns, ensuring proper communication channels for incident reporting, and supporting the implementation of risk mitigation strategies.



All NACA staff members and departments have a responsibility to contribute to risk management efforts. This includes actively following established protocols and procedures, reporting incidents or near-misses, participating in training programs, and promoting a culture of safety and continuous improvement. Staff members should be aware of potential risks in their respective areas of work and take appropriate actions to mitigate them.

It is important for team members to collaborate and communicate effectively to ensure the success of the risk management program. Regular meetings, training sessions, and feedback mechanisms can facilitate this collaboration and help in developing a proactive and comprehensive approach to risk management in the ambulatory clinic.

In today's digital healthcare environment, IT plays a critical role in managing cybersecurity risks and protecting patient information. The Risk Management Team conducts information security risk assessments at least annually as part of the organizational risk assessment, ensures staff training on data privacy and protection, and responds to potential cyber threats or breaches.

The Risk Management Team shall promote a risk-aware culture throughout the organization by emphasizing the importance of risk management, training employees, and encouraging risk reporting and feedback mechanisms.

Risk Management Training

All employees receive risk management training at orientation and annually. Training covers the Risk Management Program and how to report incidents, adverse incidents, and near misses. Training is assigned and tracked through NACA's learning management system. The QIC identifies additional training needs based on incident trends and the annual risk assessment.

Risk Identification

Risk Identification involves identifying potential risks and hazards within the patient care environment. This can be done through regular assessments and inspections, incident reporting, and analysis of near-misses or adverse events.

The Risk Management Team shall maintain an inventory of potential risks specific to NACA. Risks shall be listed under a primary category including, but not limited to:

- Patient Safety
- Patient Satisfaction
- Risk of Injury
- Data Security, Technology, and Artificial Intelligence (AI)
- Regulatory Compliance
- Financial Risks
- Legal Risk
- Reputational Risk
- Operational Risks

Specific risks and hazards relevant to those areas can then be identified, analyzed, and mitigated as needed.

Sources used to identify risk include incident reports, adverse incident reviews, patient and client complaints and grievances, patient satisfaction surveys, clinical record reviews, peer review, GPRA measures, safety and environment-of-care inspections, claims and litigation, and the results of internal and external audits and surveys.

Risk Analysis

Once risks are identified, they need to be evaluated in terms of their severity and likelihood of occurrence. This helps prioritize risks and allocate appropriate resources for mitigation. The evaluation process is as follows:

- Evaluate each risk, ranking, scoring, and prioritizing
- Determine critical risks that require immediate attention
- Proceed to Risk Mitigation

Each risk is scored using the Probability × Impact (PI) matrix in Appendix A. The PI score determines the required response:

- Extreme (15–25): A mitigation plan is completed within 30 days. The risk is reported to the CEO and included in the next monthly Board Report.
- High (10–14): A mitigation plan is completed within 60 days and reviewed by the QIC.
- Medium (5–9): The QIC decides whether to mitigate or monitor the risk and records the decision in QIC minutes.
- Low or Negligible (1–4): The risk is accepted and monitored through the annual risk assessment.

Not all identified risks necessarily require mitigation. The Risk Management Team shall determine which risks to address, utilizing the tools identified in this plan.



Appendix A: Risk Analysis Tool

Risk Mitigation

Risk Mitigation involves implementing measures to reduce or eliminate identified risks.

Examples may include implementing safety protocols, staff training programs, and ensuring compliance with regulatory requirements. It may also involve reviewing and updating policies and procedures to reflect best practices. The mitigation process shall include:

- Responsibilities and Timelines
- Actions to Mitigate Risk
- Preventative Measures (i.e., training, maintenance, security, etc.)

A Risk Mitigation Tool is included in this plan for illustrative purposes. NACA shall use a variety of tools that may be specific to a particular department, such as Infection Control. Appendix B uses the same risk levels as Appendix A.

Appendix B: Risk Mitigation Tool

Incident and Adverse Incident Tracking and Trending

The Quality Improvement and Compliance Director shall track all incidents, adverse incidents, and near misses. The tracking system assigns a category for each incident, allowing for trends to be easily identified. All incidents shall be reported on the Incident Report form, or in NACA's electronic incident reporting system once implemented, and shall be reviewed at the Quality Improvement Committee. Staff are encouraged to report near misses, and reports made in good faith are free from retaliation (QRM 310).

Following an Adverse Incident, the Adverse Incident Summary Tool shall be completed by the Directors/Managers/Supervisors of that program. The Risk Management Team can be designated this responsibility as needed. Adverse Incidents falling under Grade I or Grade II shall be completed within 5 working days, and within 15 working days for Grades III and IV. A summary report is not required for Grade V incidents. If a Grade IV could have resulted in potential death or dismemberment, the summary report will be completed within 5 working days. Adverse incident grades are defined in QRM 320.

Potential Compensable Events (PCE) are those incidents/accidents identified as having the potential to adversely impact patient/client care and/or potentially costing the organization substantial resources and time to resolve. All PCEs require completion of the Adverse Incident Summary Report.

Reportable events are communicated to outside agencies as required by law and regulation, including ADHS, Adult Protective Services, Child Protective Services, VAERS, and FDA MedWatch. The program supervisor ensures notifications are made and documents them on the incident report (QRM 310).

The Risk Manager notifies NACA's professional liability insurance carrier of adverse incidents, Potential Compensable Events, and other reportable events in accordance with carrier requirements. For Grade I and Grade II adverse incidents, the carrier is notified with the 24-hour notification required by QRM 320. The date and method of each carrier notification are documented in the incident file.

Appendix C: Incident Report

Appendix D: Adverse Incident Summary Report

Root Cause Analysis

Root cause analysis examines the highest level of a problem to identify the root cause. The process leads to solutions that treat at the root level. NACA utilizes the RM Root Cause Analysis Worksheet following any Grade I or Grade II Adverse Incidents and any PCE incidents. This is a comprehensive process, requiring development of an RCA Team. Root cause analyses are completed within 45 days of the event (QRM 320).

There are many root cause analysis tools available that may also be utilized. The guiding principles of any root cause analysis include:



Appendix E: Root Cause Analysis Worksheet

Appendix F: Root Cause Analysis Process

Clinical Record Review

Clinical records are reviewed periodically to identify risks to patients and to confirm that documentation meets NACA's clinical record policies. At least quarterly, physicians or



other licensed health care professionals review a sample of medical and behavioral health records, using data collected systematically from the record, to assess adherence to clinical guidelines and standards of care and to identify patient safety concerns and adverse events, including events that were not reported. These reviews include peer review under QRM 500 and the chart audits defined in Medical Staff protocols. Results are reported to the QIC, and any adverse event identified is handled under QRM 310 and QRM 320. Clinical record policies are reviewed annually.

Claims, Litigation, and the Federal Tort Claims Act

Subpoenas, summonses, notices of claim, and lawsuits are forwarded to the CEO immediately. The CEO coordinates communication with attorneys, claimants, and insurance carriers (QRM 300).

The Risk Manager maintains a log of all pending and closed claims and litigation involving NACA, its staff, and its health care professionals. The CEO and the Risk Manager review the log at least quarterly, and a summary is included in the annual Program evaluation presented to the Board of Directors.

Under NACA's Indian Health Service (IHS) contract, NACA employees are deemed federal employees for purposes of the Federal Tort Claims Act (FTCA) while performing work under the contract. The CEO designates NACA's FTCA point of contact and informs IHS of the designation and of any change. All documents related to an actual or potential claim are preserved until the claim, any resulting case, and all appeals are resolved.

Risk Monitoring and Review

NACA completes an organizational risk assessment on an annual basis. This allows for a systematic review of potential risks across different areas of the clinic, including clinical processes, facility safety, information security, and compliance with regulations. Annual assessments can provide a broad overview of risks and help identify areas for improvement. The annual assessment includes the artificial intelligence (AI) tools in use at NACA.

However, risk assessments may be warranted at other times such as when there are significant changes or events. Risk analysis shall be conducted whenever significant changes occur within the clinic. This can include changes in processes, services, staffing, or technology. Additionally, after significant adverse events or incidents, a focused risk analysis can be performed to identify any system or process gaps that may have contributed to the event. An AI risk assessment is also completed before any new AI tool is put into use and whenever there is an identified need, such as a new AI vendor, a material change to an existing tool, or an AI-related patient safety event.

Communication and Reporting



Risk Management shall be included on Quality Improvement Committee agenda each month.

During this meeting, incident and adverse incidents will be reviewed at the QIC each month.

The Risk Management Team shall determine means of disseminating information to NACA

employees and departments. This includes the methods of sharing risk information and identifying training needs for staff.

The Board of Directors shall be notified of incidents and adverse incidents in the Quality Improvement and Compliance Director's monthly Board Report, or earlier if the event warrants

immediate notification.

Risk management and quality assurance records are kept confidential and secure, are available on a need-to-know basis, and are protected consistent with 25 U.S.C. § 1675.

Annual Program Evaluation and Board Review

The Risk Manager evaluates the Risk Management Program each year as part of the Quality Improvement Program evaluation completed in July (QRM 100). The evaluation covers completed risk management activities, progress on the annual priorities, incident and adverse incident trends, claims and litigation, and proposed activities for the coming year. The Board of Directors reviews the evaluation and approves the updated Risk Management Plan each October, within twelve months of the prior approval.

2026–2027 Risk Management Priorities

The QIC tracks the following priorities for the 2026–2027 plan year and reports progress in the annual Program evaluation:

- Move incident reporting to NACA's electronic incident reporting system (planned go-live January 2027) and confirm the system captures every element required by QRM 310, including near misses, external notifications, and insurance carrier notification.
- Complete AI risk assessments for all AI tools in use, including AI used in patient visit documentation (HIM 300), by 6/30/27.
- Start the claims and litigation log and complete quarterly reviews.
- Report clinical record review results to the QIC each quarter.
- At least 95% of active employees complete annual risk management and incident-reporting training by 6/30/27.



- Complete a risk assessment before any new service, site, or major operational change begins.
- [Add priorities from the 2026 organizational risk assessment and 2025–2026 incident trends.]

Related Policies

The following NACA policies are part of the Risk Management Program:

- QRM 100 Quality Improvement Program
- QRM 300 Risk Management Program
- QRM 310 Incident Reporting
- QRM 320 Adverse Incidents
- QRM 330 Impaired Healthcare Professional
- QRM 340 Incapacitated Healthcare Provider
- QRM 500 Peer Review
- MS 650 Student and Volunteer Observers
- MS 700 Patient Discharge or Refused Care from Practice
- AG 121 After Hours Coverage
- RR 120 Patient/Client Complaints & Grievances
- HIM 300 Artificial Intelligence in Patient Visit Documentation

References

- AAAHC Accreditation Handbook for Ambulatory Health Care, v45: GOV.190.50; GOV.240.30.5; ADM.150.50; ADM.200; ADM.210; SAF.100; SAF.110; SAF.120; SAF.130; BEH.330
- IHS Urban Indian Organization contract, Section C.4.D (Federal Tort Claims Act) and Section C.4.G (Risk Management Program)
- IHS Urban Indian Organization Review Manual: Governance and Patient Safety requirements
- HRSA Health Center Program Compliance Manual, Chapter 10: Quality Improvement/Assurance
- 25 U.S.C. § 1675 (confidentiality of medical quality assurance records)
- A.R.S. 46-454 and A.R.S. 13-3620 (reporting suspected abuse or neglect)

APPENDIX A

NATIVE AMERICANS FOR COMMUNITY ACTION RISK ANALYSIS

PROBABILITY 1 – 5	IMPACT 1 – 5	PI SCORES 1 – 25
1 - RARE	1 - INSIGNIFICANT	1 – 2 • NEGLIGIBLE
2 - UNLIKELY	2 - MINOR	3 – 4 • LOW
3 - POSSIBLE	3 - MODERATE	5 – 9 • MEDIUM
4 - LIKELY	4 - MAJOR	10 – 14 • HIGH
5 - ALMOST CERTAIN	5 - SEVERE	15 – 25 • EXTREME

	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

REF ID	DATE	RISK ASSESSOR	RISK DESCRIPTION	PROBABILITY 1 – 5	IMPACT 1 – 5	PI SCORE Prob x Impact	STANDARDS / GUIDANCE	POLICIES AND REQUIREMENTS	CONTROLS	RESIDUAL RISK RATING
										1

RISK MANAGEMENT MITIGATION TOOL

POST MITIGATION	
OK TO PROCEED?	
YES	NO
YES	NO



REF/ID	PRE-MITIGATION		MITIGATIONS / WARNINGS / REMEDIES
	HAZARD / RISK	RISK LEVEL	
		<div>LOW</div> <div>MEDIUM</div> <div>HIGH</div> <div>EXTREME</div>	
		<div>LOW</div> <div>MEDIUM</div> <div>HIGH</div> <div>EXTREME</div>	
		<div>LOW</div> <div>MEDIUM</div> <div>HIGH</div> <div>EXTREME</div>	

POST MITIGATION
RISK LEVEL
LOW
MEDIUM
HIGH
EXTREME
LOW
MEDIUM
HIGH
EXTREME
LOW
MEDIUM
HIGH
EXTREME

YES
NO



APPENDIX C INCIDENT REPORT

Complete ALL sections of the form. Ensure writing is legible in black ink only or typed.
 Employees submit this report to their immediate supervisor before the end of their shift. The supervisor reviews it and submits it to the QI & Compliance Director within 24 hours (QRM 310).

Name & Credentials of Person Reporting:	Date and Time of Incident:
Location/Address of Incident:	
Patient/Client/Employee Name:	Date of Birth:

Describe the events leading up to and including the incident – attach a 2nd page, if necessary.

Describe any actions taken and/or recommendations for actions to prevent a similar incident from occurring in the future.

List any witnesses or others involved:

Name:	Affiliation:	Phone #:
Name:	Affiliation:	Phone #:



Name:	Affiliation:	Phone #:
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COMPLETE this section for all incidents requiring medical services: Not applicable ☐

Who provided immediate attention?					
Who provided medical services?					
Date/time of medical services:					
Result of medical services:					
Emergency Room Services:	YES	☐	NO	☐	Name of ER:
Hospital Admission:	YES	☐	NO	☐	Name of Hospital:

Near miss (no harm reached the person): ☐ Yes ☐ No

External notifications made (check all that apply): ☐ ADHS ☐ Adult Protective Services ☐ Child Protective Services
☐ VAERS ☐ FDA MedWatch ☐ None required

Notified by: _____ Date/Time: _____

Preparer's Signature

Date

Supervisor Review of the Incident:

Review all relevant information and documentation. Indicate whether policy and procedure were followed.

Describe any actions taken and/or recommendations for actions to prevent a similar incident from occurring in the future.

Supervisor requests review of Incident by the QI Committee:	YES	☐	NO	☐
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Supervisor's Name and Credentials

Date



Supervisor's Signature

APPENDIX D: ADVERSE INCIDENT SUMMARY REPORT FORM

Incident Report:	Date:
Name/Title of person completing report:	

The intent of the review is to:

1. Consider and review the care provided (or the management of a non-clinical issue);
2. Identify aspects of care which were appropriate and those which could potentially have been carried out differently or more effectively.
3. Consider any contextual issues and/or root causes which may have affected the outcome; and
4. Provide any recommendations for improvement.

Initial Summary Report

What happened?
Who was affected?
Who was involved?
Where and when did it happen?
Why did it happen?
What was the immediate trigger?
What was the outcome?



Adverse Incident Summary Reports shall be completed within FIVE (5) working days of the incident if Grade I or Grade II, or Potential Compensable Events.

Date of Incident:	Date Review completed:
-------------------	------------------------

Insurance carrier notified: ☐ Yes ☐ Not required Date: _____ Method: _____

A report of findings and recommendations **is made to the Board of Directors (QRM 320):**

Included in Board Report ☐	Date:
Status:	

Reviewed and approved:

QI & Compliance Director signature Date

Chief Executive Officer signature Date



APPENDIX E: RISK MANAGEMENT ROOT CAUSE ANALYSIS (RCA) WORKSHEET

Date of the Event: _____	Day of the Week: _____	Time: _____
Was a de-briefing conducted? ☐ Yes ☐ No If Yes, Date: _____		
Was this event reportable to ADHS? ☐ Yes ☐ No RCA Conducted Date: _____		

EVENT CATEGORY

☐ Patient death or serious disability resulting from a medication error involving the wrong drug, the wrong patient/client, the wrong dose or the wrong route of administration.	☐ Patient/Client suicide or attempted suicide resulting in serious disability. ☐ Patient/Client death or serious injury from equipment malfunction.
☐ Death or serious injury of person resulting from a physical assault occurring within or on NACA property.	☐ Patient/Client death or serious disability resulting from the use of contaminated drug, devices, or biologics provided by NACA.
☐ Sexual assault of a person within or on NACA property.	☐ Other: _____
CAUSATION STATEMENT:	

After analysis, was this event considered to be? ☐ Preventable ☐ Non-preventable

Disclosure to patient/family? ☐ Yes ☐ No Was staffing a contributing factor to this event? ☐ Yes ☐ No

ROOT CAUSE ANALYSIS MEETING

Date of RCA Meeting: _____ Date Report Completed: _____	TEAM MEMBERS of RCA meeting (by title): ☐ CEO ☐ QI & Compliance Director ☐ Program Director/Manager of _____ ☐ Primary Care Staff member ☐ Therapist ☐ Other _____ ☐ Other _____
--	--



Define the event: describe the event briefly and attach sequence of events (what happened, when it happened, and what was the outcome.)

Define the current process: (bullet point key components of the process)

What steps of the process appeared to impact this incident?

A. EQUIPMENT/SUPPLIES FACTORS

A1. Was the equipment a factor in this event? (Inadequate, malfunctioning, misused) Consider: Was equipment sequestered? Was information from organizations such as ECRI, MedWatch and the FDA checked?

(Note: If unsure, review the cause listed below)

☐ No

☐ Yes If yes, WHY?

Would correction prevent reoccurrence?

Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Preventive Maintenance missing/late ☐ Equipment inappropriate for task ☐ Equipment not functioning correctly ☐ Inadequate controls, alarms, or cues ☐ Instructions for safe operation not known/followed ☐ Other: _____			

A2. Does this event meet the criteria for MedWatch reporting?



(Note: If unsure, review the cause listed above)

☐ No

☐ Yes If yes, WHY? _____

A3. Was distribution of supplies a factor in this event? (Including meds, injections, etc.)

(Note: If unsure, review the cause listed below)

☐ No

☐ Yes If yes, WHY?

Would correction prevent reoccurrence?

Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Similar appearance to like product ☐ Inconsistent location for supply ☐ Unclear labeling of supply ☐ Inconsistent methods & procedures ☐ Procedure not identified/followed ☐ Other: _____			

Corrective Action Plan:

Action plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures, or processes. Where applicable and appropriate, such practice changes and redundancies should be shared organization wide.

Action Taken/To Be Taken	Responsible Party	Implementation Date	Measurement Strategy (includes methodology, goal, sampling strategy, frequency and duration of measurement, and a threshold that will trigger further analysis and/or action if not achieved.)	Reporting and Communication

B. ENVIRONMENTAL FACTORS

<u>B1. Was inadequate building safety a factor in this event?</u> (Note: If unsure, review the cause listed below) ☐ No ☐ Yes If yes, WHY?			
Would correction prevent reoccurrence?			
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Path obstructed/not clearly marked ☐ Area under construction ☐ Safety procedures not known/ followed ☐ Inadequate failure mode responses planned/tested ☐ Inadequate/delayed security response ☐ Inadequate systems to identify environmental risks ☐ Inadequate barriers to high-risk areas ☐ Area not meeting codes, specifications, and/or other applicable regulations ☐ Other: _____			

<u>B2. Was location, physical layout, or visibility of the work area a factor in this event?</u> (Note: If unsure, review the cause listed below) ☐ No ☐ Yes If yes, WHY?			
Would correction prevent reoccurrence?			
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Area cramped, cluttered, soiled			



☐ Area noisy, multiple distractions ☐ Lengthy distances between work areas ☐ Poor visibility of event area ☐ Location inappropriate for task ☐ Uncontrollable external factors ☐ Other: _____			
--	--	--	--

Corrective Action Plan: Action plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures, or processes. Where applicable and appropriate, such practice changes and redundancies should be shared organization wide.				
Action Taken/To Be Taken	Responsible Party	Implementation Date	Measurement Strategy (includes methodology, goal, sampling strategy, frequency and duration of measurement, and a threshold that will trigger further analysis and/or action if not achieved.)	Reporting and Communication

C. PATIENT FACTORS

<u>C1. Were pre-disposing conditions, medical history, or co-morbidity a factor in this event?</u> (Note: If unsure, review the cause listed below)			
☐ No			
☐ Yes If yes, WHY?			
Would correction prevent reoccurrence?			
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Unable/unwilling to follow directions ☐ Immobile/physical limitations			



☐ Severely compromised/multiple co-morbidities ☐ Incomplete history, assessment, relevant information ☐ Plan of care/interventions inadequate to meet needs ☐ Other: _____			
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Corrective Action Plan: Action plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures, or processes. Where applicable and appropriate, such practice changes and redundancies should be shared organization wide.				
Action Taken/To Be Taken	Responsible Party	Implementation Date	Measurement Strategy (includes methodology, goal, sampling strategy, frequency and duration of measurement, and a threshold that will trigger further analysis and/or action if not achieved.)	Reporting and Communication

D. RULES/POLICY/PROCEDURE FACTORS

D1. Were standards (policies/procedures/regulations) or compliance with standards a factor in this event? (Note: If unsure, review the cause listed below) ☐ No ☐ Yes If yes, WHY?			
		Would correction prevent reoccurrence?	
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Standards not available/accessible ☐ Standards not known/understood ☐ Standards known but not practiced ☐ Compliance to standard not enforced			



☐ Standards redundant, inconvenient, or conflict with other standards ☐ Barriers to comply with standards ☐ Other: _____			
---	--	--	--

<u>D2. Was documentation a factor in this event (i.e absent, altered, incomplete, inaccurate, illegible)?</u> (Note: If unsure, review the cause listed below) ☐ No ☐ Yes If yes, WHY?			
		Would correction prevent reoccurrence?	
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
☐ Multiple locations for the documentation ☐ Not recorded within specified time/absent ☐ Computer not available/functioning ☐ Documentation or other information not available/accurate/complete ☐ Documentation policy not known ☐ Documentation given lower priority than other tasks ☐ Documentation or orders not legible ☐ Unapproved abbreviations used ☐ Other: _____			

<u>Corrective Action Plan:</u> Action plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures, or processes. Where applicable and appropriate, such practice changes and redundancies should be shared organization-wide.				
Action Taken/To Be Taken	Responsible Party	Implementation Date	Measurement Strategy (includes methodology, goal, sampling strategy, frequency and duration of measurement, and a threshold that will trigger further analysis and/or action if not achieved.)	Reporting and Communication



E. PEOPLE FACTORS (Personnel Training/Scheduling)

Identify all disciplines involved in the event (not by individual name): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ☐ Primary Care Staff member ☐ RN ☐ MA </div> <div style="width: 45%;"> ☐ Therapist/Counselor ☐ Other (list position): _____ ☐ Other (list position): _____ </div> </div>					
<u>E1. Was lack of knowledge or information a factor in this event? Attach credentialing and performance information.</u> (Note: If unsure, review the cause listed below) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ☐ No ☐ Yes If yes, WHY? </div> <div style="width: 65%; text-align: center;"> Would correction prevent reoccurrence? </div> </div>					
Check all that apply ☐ Patient/Client not properly identified ☐ Inadequate care collaboration/communication ☐ Inadequate employee orientation/training ☐ Task performed outside of employee's scope of practice ☐ Chain of command not utilized	Describe the deviation and the cause	Check appropriate column <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Root Cause</td> <td style="width: 50%; border-bottom: 1px solid black;">Contributing Factor</td> </tr> </table>		Root Cause	Contributing Factor
Root Cause	Contributing Factor				

☐ Discharge instructions did not consider language, health literacy, cultural beliefs, or reading level of the patient/client ☐ Inadequate communication of prevention strategies for adverse outcomes ☐ Inadequate resources for clarification ☐ Other: _____			
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E2. People Factors			
Would correction prevent reoccurrence?			
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
1. Were there any factors increasing the likelihood of human error occurring? If yes, what were they and why? ☐ No ☐ Yes ☐ Consider system/process designs to reduce the human error factor.			
2. Were there any factors increasing the likelihood of someone making a choice for “At Risk” behavior or violation of existing policies & procedures? If yes, what were they and why? ☐ No ☐ Yes ☐ Consider system/process designs to reduce/eliminate the likelihood of someone choosing “At Risk” behavior or violating policies & procedures.			

<u>E3. Was lack of ability, supervision, or staffing a factor in this event?</u> (Note: If unsure, review the cause listed below)

☐ No ☐ Yes If yes, WHY?			
Would correction prevent reoccurrence?			
Check all that apply	Describe the deviation and the cause	Check appropriate column	
		Root Cause	Contributing Factor
Did employees involved in the event believe staffing was appropriate to care? ☐ No ☐ Yes If no, did employees believe staffing issues contributed to the event? ☐ No ☐ Yes			
Did actual staffing deviate from planned staffing at the time of the event? ☐ No ☐ Yes			
Were there any unexpected issues or incidents occurring at the time of the event, or during key time leading up to the event? ☐ No ☐ Yes If yes, did the unexpected issue/ incident impact staffing or workload for employees involved in the event? ☐ No ☐ Yes If yes, did the employees involved believe staffing or workload contributed to the event? ☐ No ☐ Yes			
Other questions to expand analysis: ☐ Physical difficulties performing task ☐ Demanding task load/time pressure ☐ Inadequate observation of performance ☐ Inadequate feedback to guide practice ☐ Fatigue – overtime, double shifts			



☐ Other: _____			
---------------------------------------	--	--	--

Corrective Action Plan: Action plans should establish practice changes and independent redundancies designed to engineer errors out of current and new methods, procedures, or processes. Where applicable and appropriate, such practice changes and redundancies should be shared organization wide.				
Action Taken/To Be Taken	Responsible Party	Implementation Date	Measurement Strategy (includes methodology, goal, sampling strategy, frequency and duration of measurement, and a threshold that will trigger further analysis and/or action if not achieved.)	Reporting and Communication

<u>F. CITE ANY BOOKS OR JOURNAL ARTICLES CONSIDERED IN DEVELOPING THIS ANALYSIS AND ACTION PLAN:</u> (REQUIRED) – (could involve calling other agencies, Sentinel Alert information or any other professional organizations, insurance companies, etc.)

<u>G. What are key learning opportunities from this event to share with other facilities?</u> (REQUIRED)

APPENDIX F: ROOT CAUSE ANALYSIS PROCESS

DESCRIPTION	RESPONSIBLE PARTY
1. Adverse Event is determined to require an RCA	CEO, QI & Compliance Director , Program Director
2. RCA Notification: A. Administration – notify QI & Compliance Director , CEO, and Program Director/Manager. B. Primary Staff Care member involved in case and/or BH Director.	CEO or QI & Compliance Director
3. Determine RCA Team and meeting: <ul style="list-style-type: none"> Team: The size of the team will vary depending on the event. Ideally no more than ten (10) members on the team with the option to add members as needed; should be an inter-disciplinary team with dept. leadership included. The involved Primary Care Staff member or Therapist is to be involved unless there is an approved reason for exclusion. Meeting: Allow two (2) hours for actual meeting. Goal of the meeting = review the event, analyze causes, and determine action plans for future prevention of event re-occurrence. Note: RCAs need to be completed within 45 days of the event per policy. 	CEO or QI & Compliance Director
4. Data Collection (gather before the meeting): <ul style="list-style-type: none"> Brief Summary – what happened, when (day, date, time) and outcome. Detailed sequence of events leading up to event. Prepare copies for the team. Describe the current process(es). Bullet point key points of key parts of the process. Medical Records – information from the chart reflecting the event and interventions. Access to the record during the meeting is helpful in case additional information is needed. Equipment/device/photos/foreign body/etc. – samples/actual equipment/device involved in the event available at the meeting to help team understand/visualize. Review and have available Policies and Procedures pertinent to the event, Standards of Practice, etc. Staffing pattern core and actual at time of event; specific training/education specific to care provided. Any safety/preventive maintenance logs as pertinent if equipment involved. Any unrelated/unusual circumstances occurring concurrently in the department/organization at the time of the event. Literature Search – search any literature for similar events, recommended practice, safety issues, sentinel alerts, etc. Literature Search findings are documented in the RCA Worksheet. 	QI & Compliance Director and/or Program Director/Manager
5. Post Meeting: <ul style="list-style-type: none"> Write up report. Facilitator reviews report – checks for thoroughness and completeness. Facilitator summarizes event and analysis and presents to the Quality Improvement Committee and/or the Board of Directors. Assigned individuals carry out the Action Plans (occurs over time). Facilitator conducts follow up with Leader over time. 	Recorder/Leader/ Facilitator QI & Compliance Director

Native Americans for Community Action, Inc.

Board of Directors Request — New Grant-Funded Position

BOARD REQUEST

Requested action: Approve one new 1.0 FTE position, QI & Technology Modernization Coordinator, reporting to the QI & Compliance Director. The position is funded entirely by the AHCCCS Rural Health Transformation Program subaward YH27-0021-18 (TRAIHMI), which NACA accepted on 10/9/26.

Item	Detail
Funding source	AHCCCS Rural Health Transformation Program, subaward YH27-0021-18 (CMS, Assistance Listing 93.798)
Total award	\$497,500, federal, no match required
Position cost	\$75,000 salary + \$19,500 fringe (26%) = \$94,500
FTE	1.0, full-time
Reports to	QI & Compliance Director
Org chart	New position under QI & Compliance
Term	Tied to grant funding. The current period of performance ends 8/15/27. Later years depend on AHCCCS approving each annual continuation.
Cost to NACA general funds	None while the grant is funded

The position carries out the coordination role described in NACA's approved application budget. The hiring start date depends on AHCCCS confirming the grant's budget period, and that confirmation has been requested.

Job Description

QI & Technology Modernization Coordinator

Position title	QI & Technology Modernization Coordinator
Department	Quality Improvement & Compliance
Reports to	QI & Compliance Director
Supervises	None. Directs contracted vendors' deliverables under the grant.
FLSA status	Exempt (HR to confirm against the duties test)
Employment type	Full-time, 1.0 FTE, grant-funded
Salary	\$75,000 per year (HR to place in NACA's salary range)
Funding source	AHCCCS Rural Health Transformation Program, subaward YH27-0021-18 (TRAIHMI)
Location	Flagstaff, AZ
Required licensure	None

POSITION SUMMARY

The QI & Technology Modernization Coordinator carries out NACA's Tribal and Rural AI Readiness and Health Information Modernization Initiative (TRAIHMI). The position coordinates patient engagement technologies, communication modernization initiatives, cybersecurity readiness activities, quality improvement projects, performance monitoring, vendor management, workforce training, and implementation of health information modernization strategies.

The coordinator keeps the project on its approved scope, schedule, and budget, and produces the data NACA reports to AHCCCS. All duties are new activities created by the grant. They do not replace work already performed or funded at NACA.

ESSENTIAL DUTIES

The duties below follow the project's approved budget lines.

A. Project coordination and grant reporting

1. Plan and manage the project work plan, set implementation timelines, and track milestones against the approved implementation plan and budget.
2. Analyze performance measure data and prepare progress reports to AHCCCS for review by the QI & Compliance Director.
3. Maintain the grant file: award documents, approvals, correspondence, deliverables, and supporting records.
4. Monitor spending by budget line with Finance, identify variances, recommend budget adjustments to the QI & Compliance Director, and prepare documentation for reimbursement requests.

B. Patient engagement and communication modernization

1. Lead deployment of the patient feedback and satisfaction survey platform, from configuration through go-live.
2. Lead deployment of the AI chat, AI voice navigation, scheduling assist, automated outreach, and waitlist management tools, including rollout sequence and timelines.

3. Design workflows for each new tool with front desk, nursing, and clinic staff before it goes live.
4. Analyze adoption, patient response rates, and patient experience results, and recommend improvements to the QI Committee.

C. Cybersecurity readiness

1. Manage the contracted cybersecurity risk assessment, recommend mitigation priorities to leadership, and drive the mitigation plan to completion.
2. Plan network, wireless, and workstation upgrades with IT and vendors, including sequencing to limit clinic downtime.
3. Develop and deliver staff cybersecurity awareness training.

D. AI governance

1. Draft NACA's AI governance framework, policies, procedures, and controls with the QI & Compliance Director and the contracted consultant.
2. Maintain an inventory of AI tools in use at NACA and evaluate each tool's purpose, owner, data access, and risk.
3. Route draft AI policies through NACA's policy review and approval process.

E. Quality improvement, analytics, and interoperability

1. Design and maintain dashboards and reports that measure project outcomes and identify care gaps.
2. Manage NextGen optimization and reporting enhancements with the contracted vendor.
3. Identify and carry out data-sharing improvements, including NACA's connection with Contexture, Arizona's health information exchange.
4. Lead QI projects and improvement cycles tied to project technologies, and present results and recommendations to the QI Committee.

F. Vendor management and procurement support

1. Develop quote requests, requests for proposals, and evaluation criteria, and recommend vendor selections to the QI & Compliance Director, under NACA purchasing policy and 2 CFR 200.318–200.327.
2. Manage vendor contracts and deliverables, and verify work is complete before recommending invoice approval.
3. Work with Finance to tag and record equipment and sensitive items bought with grant funds.

G. Workforce training

1. Plan and coordinate AI literacy and technology adoption training for staff.
2. Track training completion and report it as a project measure.

H. Other duties

1. Performs other duties within the approved scope of the TRAIHMI project. Work outside that scope must be approved in advance and charged to another funding source.

QUALIFICATIONS

Education: Bachelor's degree in health informatics, health administration, information technology, public health, or a related field. Equivalent experience may substitute at two years of related experience for each year of education.

Experience

- Three years in healthcare quality improvement, health information technology, or project coordination
- Experience coordinating vendors or technology implementations
- Preferred: experience in an FQHC, IHS, Tribal, or Urban Indian health setting
- Preferred: NextGen or other EHR reporting experience

Knowledge and skills

- HIPAA privacy and security rules and 42 CFR Part 2
- Basic cybersecurity concepts and safeguards
- QI methods such as PDSA cycles and Lean
- Data analysis and dashboard tools (Excel, Power BI, or similar)
- Training adult learners and writing plain-language instructions for staff
- Working respectfully with American Indian and Alaska Native patients, families, and communities

Pre-employment requirements: Background check consistent with the Indian Child Protection and Family Violence Prevention Act, and other screening required by NACA HR policy. NACA applies Indian preference in hiring under HR 102.

GRANT-FUNDING CONDITIONS

Funding notice: [Insert the employee notice from the Federal Grant Funding and Employment Conditions policy once it is final.] This position is funded by a federal grant passed through AHCCCS. Continued employment in this position depends on continued grant funding.

Time and effort: The position is charged 100% to subaward YH27-0021-18. The employee records time worked on grant activities each pay period, as 2 CFR 200.430 requires. Any approved work outside the grant scope is recorded separately and charged to another funding source.

Working conditions: Office setting with extended computer use. Some training sessions and system go-lives may fall outside regular hours.

ACKNOWLEDGMENT

I have read this job description and understand its duties and its grant-funding conditions.

Employee: _____ **Date:** _____

QI & Compliance Director: _____ **Date:** _____

Human Resources: _____ **Date:** _____

CEO AND NACA PROGRAM REPORTS



MONTHLY MEETING OF THE BOARD OF DIRECTORS

Chief Executive Officer's Report — October 2026

Submitted by: Chris David, Chief Executive Officer
Reporting Period: September 2026 – October 14, 2026
Board Meeting Date: October 21, 2026

I. Executive Summary

September and early October were productive periods for NACA, marked by successful community engagement, continued collaboration with the Indian Health Service (IHS), progress in financial oversight, and advancement of organizational leadership priorities.

A significant accomplishment was the September IHS site review, which resulted in an overall score of **94%**. This outcome reflects the collective efforts of NACA leadership and staff in maintaining strong operational practices, documentation, and service delivery. A staff appreciation gathering was held on October 8 to recognize the team's work and acknowledge this important achievement.

NACA also hosted a successful Open House on September 10, welcoming more than 290 community members who signed in. The event highlighted NACA's programs, services, cultural values, and ongoing commitment to the community.

Additional priorities included recruiting and onboarding a new Chief Financial Officer, advancing financial audit activities, strengthening community and healthcare partnerships, supporting employee engagement, and continuing implementation of the 2026–2030 NACA Strategic Plan.

II. Key Accomplishments and Executive Activities

A. IHS Compliance, Quality Improvement, and Organizational Readiness

- **IHS Site Review:** Participated in the September 9–10 site review with Mark Espinosa. NACA leadership provided presentations and information supporting the review process.
- **Review Outcome:** NACA received an overall score of 94%, recognizing the organization's performance and documentation.
- **Corrective Action and Follow-Up:** Program Directors are working to address recommendations identified during the 2026 IHS review, with continued attention to compliance, documentation, and quality improvement.
- **Staff Recognition:** Hosted a NACA staff pizza gathering on October 8 in appreciation of employees' contributions to the successful site review.
- **Quality Improvement:** Participated in the Quality Improvement Committee meeting on September 24 to support ongoing organizational quality and compliance efforts.
- **Clinical Operations:** Participated in an all-clinic staff meeting on September 17 and continued discussions regarding medication-assisted treatment (MAT) logistics with Behavioral Health on October 8.

B. Community Engagement, Cultural Values, and Wellness

- NACA Open House — September 10: Welcomed more than 290 community members who signed in. The event featured community engagement, cultural programming, and opportunities to learn more about NACA's services.
- Open House Debrief — September 16: Participated in follow-up discussions to review the event and identify opportunities for future improvement.
- Self-Care and Employee Wellness: Supported September's Open Flute Session, held Mondays from 12:00 p.m. to 1:00 p.m., as part of NACA's ongoing commitment to employee wellness.
- SafeTALK Training — September 15: Provided opening remarks recognizing Suicide Prevention Month and reinforcing the importance of suicide prevention awareness.
- Truth and Reconciliation Activities: Participated in the September 25 tie-dye event in collaboration with Health Promotions and supported the September 30 Truth and Reconciliation Awareness event and walk, where the NACA Drum performed.
- Fall Harvest Celebration — September 26: Participated in the celebration with Health Promotions, supporting cultural connection and community wellness.
- Employee Engagement: Hosted an all-staff meeting at the Wellness Center on September 29, providing an opportunity for staff communication, connection, and organizational updates.
- Community Food Distribution: Participated in planning for the September 30 Fall Food Distribution initiative.
- Open Drum: Continued support for this community and cultural wellness activity, scheduled every other Tuesday from 6:00 p.m. to 7:30 p.m.

C. Board Governance, Leadership, and Strategic Planning

- Board of Directors Meeting — September 16: Presented updates regarding NACA renovations and organizational development.
- Board Recruitment: Met with Ammon Baker on September 18 for a prospective Board member interview.
- Executive Engagement: Continued participation in the weekly Friday Board engagement schedule and ongoing coordination with Board leadership.
- Leadership Development: Continued work toward developing a leadership curriculum grounded in Indigenous values and concepts.
- Strategic Planning: Continued advancing implementation of the 2026–2030 NACA Strategic Plan, with emphasis on organizational accountability, service quality, leadership development, and sustainability.
- Committee Participation: Participated in the NACA Operations Committee meeting on September 14 and the Workplace and Community Support Committee meeting on October 7.
- All Relatives Committee: Participated in the September 23 meeting with Catherine Williams, supporting community-centered engagement and collaboration.

D. Financial Oversight, Audit, and Sustainability

- Single Audit: Met with BakerTilly on September 18 to discuss audit logistics, status, and next steps. Continued attention to completing the outstanding audit remains a priority given its implications for federal compliance and future grant opportunities.
- Chief Financial Officer Recruitment: Interviewed Christine Keyonnie through CompHealth on September 22. Following a successful interview, NACA extended an offer, which she accepted.
- CFO Transition: Christine began her role as NACA's new Chief Financial Officer on October 13, 2026. This appointment is an important step toward strengthening financial leadership, improving reporting and oversight, and supporting long-term organizational sustainability.
- Insurance Review: Met with Ed Gussio of Crest Insurance on September 17 to discuss insurance market conditions and potential premium increases.
- 340B Pharmacy Services: Met with Sky Advantage on September 21 to discuss contracting with an additional pharmacy and related operational considerations.
- Recruitment Services: Met with Fusion Health to discuss a recruitment agreement and potential support for NACA's staffing needs.

E. External Partnerships and Healthcare Collaboration

- AACHC Board Meeting — September 11: Participated in discussions regarding legislative affairs and issues affecting community health centers.
- AACHC Executive Engagement — September 17: Participated in the UIO CEO executive session and shared information about NACA's successful Open House.
- AACHC Partnership — September 30: Met individually with Jessica Yanow to discuss NACA business and opportunities for continued collaboration.
- IHS and Urban Indian Organization Coordination: Participated in the UIO listening session on the IHS Division of Behavioral Health on September 17.
- Health Choice Center of Excellence: Met with Blue Cross Blue Shield of Arizona (BCBSAZ) to discuss implementation logistics and partnership coordination.
- Indian Child Welfare Act (ICWA): Participated in ICWA workgroup meetings on September 15 and October 6.
- Healing Center: Attended Healing Center meetings on September 14 and October 5 to support continued coordination and development.
- Clinical Recruitment: Interviewed a physician candidate through CompHealth on September 22. NACA elected not to proceed with that candidate following the interview.

F. Facilities, Fleet, and Administrative Operations

- Facility Renovations: Continued Board-level communication regarding NACA renovations and related organizational needs.
- Fleet and Program Support: Returned the Polaris UTV to the Overlook Program at Sedona Vista on September 25 to support program operations.
- New Employee Orientation: Participated in the October 6 orientation session from 8:00 a.m. to 3:30 p.m., supporting employee onboarding and organizational integration.
- Medication-Assisted Treatment: Continued coordination with Behavioral Health on MAT implementation logistics and operational readiness.

III. Current and Ongoing Strategic Priorities

1. Strategic Plan Implementation: Advance the 2026–2030 NACA Strategic Plan, establish accountability for key objectives, and monitor progress across programs and departments.
2. Financial Stability and Accountability: Support the new CFO's transition, prioritize completion of the Single Audit, strengthen financial reporting, and maintain oversight of grant expenditures and compliance requirements.
3. IHS Recommendations: Work with Program Directors to address site review recommendations and monitor corrective actions, supporting sustained compliance and service quality.
4. Leadership Development: Develop a leadership curriculum grounded in Indigenous values, cultural principles, and effective organizational management.
5. Employee Engagement and Retention: Continue participation in the Workplace and Community Support Committee and employee retention initiatives, while promoting staff wellness and communication.
6. Healthcare Quality and Technology: Maintain coordination with the Health Information Systems (HIS) Officer regarding billing, coding, and the NextGen patient portal, with meetings scheduled twice monthly.
7. Community Partnerships and Outreach: Continue engagement with IHS, AACHC, Urban Indian Organizations, healthcare partners, and community organizations to strengthen collaboration and service delivery.
8. Executive and Departmental Coordination: Maintain twice-monthly leadership and Director meetings on alternating weeks, along with monthly Operations meetings involving Finance and Program Directors.
9. Marketing and Communications: Continue weekly coordination with the Marketing/Advertising Officer to strengthen outreach, public information, and communication strategies.
10. Grant Development and Oversight: Continue Grants Committee meetings every two weeks to monitor funding opportunities, application development, and grant-related priorities.
11. Cultural Wellness and Community Connection: Maintain Open Drum every other Tuesday from 6:00 p.m. to 7:30 p.m. and continue supporting culturally grounded wellness activities.

IV. Upcoming Meetings and Events

- NACA Board of Directors Meeting: October 21, 2026, at 5:30 p.m.
- IHS and UIO Partners Summit: November 19, 2026, Washington, D.C. — pending confirmation.
- Ongoing Leadership and Operations Meetings: Continue on established schedules to support organizational coordination, accountability, and implementation of strategic priorities.

V. CEO Priorities for the Coming Month

- Supporting the onboarding and integration of the new CFO, including financial systems, reporting expectations, audit priorities, and coordination with Program Directors.
- Advancing the Single Audit toward completion and addressing outstanding financial documentation and compliance requirements.
- Monitoring implementation of corrective actions resulting from the 2026 IHS site review.
- Continuing implementation of the NACA Strategic Plan and strengthening accountability across leadership and program areas.
- Supporting employee engagement, retention, and leadership development initiatives.
- Maintaining effective Board communication, community partnerships, and oversight of operational and clinical priorities.

VI. Closing Remarks

NACA continues to demonstrate a strong commitment to organizational improvement, culturally grounded services, community engagement, and responsible stewardship of resources. The successful IHS site review and community Open House reflect the collective efforts of NACA staff, leadership, and community partners.

As we move forward, the focus remains on strengthening financial sustainability, supporting our workforce, meeting regulatory and funding requirements, and ensuring that NACA's programs continue to reflect our mission: to provide preventive wellness strategies, empower, and advocate for Native peoples and others in need to create a healthy community based on Harmony, Respect, and Indigenous Values.

I appreciate the continued guidance and support of the Board of Directors, as well as the dedication of NACA staff and community partners in advancing our shared mission.

Respectfully submitted,

Chris David
Chief Executive Officer
Native Americans for Community Action, Inc. (NACA)



Human Resources October 2026 Meeting - Board Report

Major Highlights

- Interviews were conducted for the Pathways Program Coordinator, Executive Assistant, and Patient Services Coordinator. The Executive Assistant recruitment was put on hold. The new CFO, Christine Keyonnie, started employment with NACA on October 13, 2026. The Patient Services Coordinator is in the pre-hiring process and should begin with NACA soon.
- Participated in the meet and greet for the recruitment of a new board member on September 18, 2026. Ammon Barker was selected to become a board member and will begin on October 21, 2026.
- The next event the retention committee is planning to assist with is the coat drive and the food distribution which will be scheduled later in October. More information will be provided within the coming weeks.
- Attended the all staff meeting held on September 29, 2026. HR provide updates on open enrollment for 2027 insurance benefits, 403(b) updates and new employee enrollments, retention committee meetings and events, HR Policies and Procedures, and maximum allowable carryover for PTO.
- Three (3) employees recently separated from NACA due to lack of grant funds and personal reasons. Those staff were with the Family Health Center and Reach Ur Life programs. The Family Health Center position will be filled soon. Dr. Akwasi Arhin's, locum, last day with NACA was on September 29, 2026.
- A new grant-funded position acknowledgement and attestation form was developed, and HR will implement the new form for employees to complete during onboarding. The form will provide information to the employee that their position is grant funded and depends on funds availability,
- The new employee orientation was held on October 6, 2026, with four (4) new staff members attending the mandated orientation. Each department provided presentations on their program functions and staffing. Employees enjoyed the orientation and learned more about NACA organization.
- Attended the urban program monthly conference call on October 15, 2026.
- Two (2) insurance benefit enrollments were processed this month for eligible new employees on their 60th day of employment.
- The open enrollment meeting is scheduled next week with Crest to review the proposals received from various carriers for medical insurance for benefit year 2027. Principal who provides the dental, vision, and supplemental insurance has no cost changes and will remain with NACA. The 2027 employee benefit renewals will be shared with staff during the annual Thanksgiving luncheon.

Current Activities

- Recruitment activities are on-going for vacant positions.
- Continue to prepare and work on the AAAHC, ADHS, and IHS site visits including policy review.
- Monthly meeting and work the following: director, leadership, MedEx, QI & Compliance, Relias training modules, SMPR, tenured staff survey (5+ yrs), employee benefits, and retention committee.

Vacancy Listing

	Community Development	
1	PT Overlook Ranger	10/2/2025
	Pathways	
2	Coordinator	
	Recreation Assistant	12/31/2026
	Health Promotion	
4	Fitness Specialist	9/4/2026



NACA Monthly Board Report

Program: Community Development Division

Report Made by Dorothy Denetsosie Gishie, Division Director

Community Development Division Program Staff:

Economic Development Program: Pearl Tsosie, Program Coordinator

Rangers: Jensen Lanza,

Pathways Youth Program: Kateri Slim, Program Coordinator

Recreational Assistant: Joi Lynch

ReachUR Life Program: Onelia Soto, Program Manager

Staff: Shoshana James, Angelina Tso,

Supportive Service Program: Selena Holgate, Case Manager

Date: October 15, 2026

Major Highlights

Economic Development Program: September highlights included a successful September 4th lottery with over 150 vendors, a sold-out Grand Canyon Visitor Center, approximately 80% occupancy at the Overlook and 20% at Tusayan Museum, hiring a new Overlook Ranger, and completion of a two-day Wilderness First Aid training and certification.

Pathways Youth Program: Pathways students participated in meaningful cultural and community-based activities, including creating posters for the NACA Open House, learning about gardening and gourd painting through Health Promotions, and exploring traditional Navajo architecture by making popsicle-stick hogans. Reach Ur Life supported students' emotional awareness through Diné and Hopi lessons on emotions, while students developed Calming Corner posters to promote emotional regulation and create a welcoming environment for practicing calming techniques.

ReachUR Life Program: The RUL team is reviewing its budget, developing program projections, and assessing sustainability following the unsuccessful GLS grant application, meanwhile, the team continues collaborating with school and agency partners and providing trainings and Zero Suicide Initiative lessons to schools and organizations.

We received a letter of recognition for the work the RUL team has done with one of our community partners: In part, it states: For more than 10 years, Reach UR Life (RUL) has partnered with Kinlani Dorm to provide culturally relevant behavioral and mental health programming, activities, and events for students and staff. Dormitory Administrator Theresa Boone-Schuler recognized RUL's positive impact on student and staff well-being, relationship-building, and fostering a supportive environment, highlighting the program's ongoing commitment to youth mental health, suicide prevention, and culturally grounded community engagement.

Supportive Service Program: During September and early October, Selena participated in organizational meetings, grant planning, leadership and committee discussions, staff engagement, and the IHS Site Review. Community outreach efforts continued at Flagstaff Shelter Services, CATS, Crown's Traditional House, and the Food Bank, alongside participation in the NACA Open House, Safe-Talk training, a prayer ceremony, and food distribution planning. These activities supported organizational coordination, community partnerships, staff development, and continued engagement with individuals and families in need.

Program Challenges

Economic Development Program: Overlook Vista is relying on temporary staffing until a Grand Canyon Visitor Center Ranger can be transferred, while reduced tourism, declining visitor numbers and sales, and water

issues at the Grand Canyon have affected operations, followed by a Ranger's resignation, requiring additional coverage from program leadership.

Pathways Youth Program: The Pathways Youth Program is actively recruiting to fill the vacant Program Coordinator and Recreational Assistant positions, with interviews underway and a goal of filling both positions by December to ensure program stability and continuity.

ReachUR Life Program: The primary barrier for Reach UR Life (RUL) is the uncertainty of grant-based funding, which limits staffing, program sustainability, and the ability to provide consistent suicide prevention, early intervention, training, and support services to youth, families, schools, and tribal communities. NACA continues to pursue grants, partnerships, and alternative funding sources; however, long-term, sustainable resources are essential to maintaining culturally responsive services, strengthening community partnerships, and meeting the continuing needs of the communities served.

Supportive Service Program: NACA Supportive Services is awaiting payment processing procedures for the award from AZ Complete Health. The program is also awaiting the final award notification from the Inter Tribal Council of Arizona, Inc., Area Agency on Aging.

Current Activities

Economic Development Program: Pearl's work involves progressing on GT projects pending signature approval, with new tri-signs installed and minor restroom upgrades completed at Overlook Vista, while daily operations continue seven days a week. The Grand Canyon National Park Service manages cleaning and upgrades at the two vending sites.

Pathways Youth Program: The Pathways Program works with HP and RUL for programing support. We continue our efforts in our recruitment for a Program Coordinator and Youth Recreational Assistant.

ReachUR Life Program: Reach UR Life (RUL) continues to provide life skills and suicide prevention programming through community partnerships and outreach initiatives. Weekly life skills sessions are ongoing at Coconino County Juvenile Detention, with monthly sessions resumed at the Coconino County Hope Center. Additional life skills workshops are scheduled for 5th–8th grade students. RUL staff continue to participate in supporting community awareness and suicide prevention efforts.

Supportive Service Program: Selena continues participation in Leadership meetings, along with NACA committees focused on workplace and community engagement and employee retention. Supportive Services also continued processing applications for burial, rental, and utility assistance through Microix and submitted requisitions for regular-day bus passes and Better Bucks to support community members in need.

Ongoing Projects

Economic Development Program: Vendors continue purchasing spaces despite the slow season, requiring staff to carry paperwork and a credit card machine to issue receipts and coordinate calendar updates with Rangers; meanwhile, no Granger-Thye projects are currently underway at Overlook Vista, where temporary Rangers are assisting with general cleanup.

Pathways Youth Program: Planning is underway for the remainder of the year, including an upcoming Halloween party at the end of October. Interviews will continue for the Pathways Program Coordinator and Recreational Assistant positions until qualified candidates are selected to support program stability and continuity.

ReachUR Life Program: The staff have scheduled SafeTalk in November and ASIST in January. They will continue partnership with schools and partnering organizations.

Supportive Service Program: Selena does community outreach on a weekly basis.



NACA Monthly Board Report

Program: Supportive Services

Program Case Manager: Selena Holgate

Date: 10/1/2026

Major Highlights

- September 1, 2026, Workplace & Community Meeting.
- September 8th Grants Committee Meeting in Hopi Conference Room at 8:15 am.
- IHS Site Review on September 9th, 2026.
- NACA Open House – September 10th, 2026.
- September 15th Safe - Talk Training.
- September 16th outreach at Flagstaff Shelter Services.
- September 16th Operation Committee Meeting.
- September 16th Committee Debriefing meeting.
- September 17th outreach at Flagstaff Shelter Services & Cat's.
- September 23rd Community Relations Board meeting – Hopi Conference room.
- September 23rd outreach at Crown's Traditional House.
- September 24th NACA Leadership Mtg in Hopi Conference Room at 11:00am.
- September 29th NACA All Staff Metting - Wellness Center at 11:00 am.
- September 30th outreach at Food Bank.
- September 30th Planning Committee for Food Distribution – Cedar Conference room 11:00am.
- October 3rd Prayer ceremony at Flagstaff Shelter Services at 9:00 am.
- October 6th Grants Committee Meeting in Hopi Conference Room at 8:15 am.
- October 8th NACA Leadership Mtg in Hopi Conference Room at 11:00am.
- October 9th Fingerprint card & fingerprint at Sedona, AZ.

Program Challenges

- The Supportive Service to receive more details and payment processing procedure for AZ Complete Health awarded NACA Supportive Services.

Current Activities

- We continue to meet regularly with Directors and Leadership twists for the month.
- Participate in NACA committees (Workplace/ Community, Employee Retention community).
- Continue submit applications for burial, rental, and utility assistance in Microix.
- Submitted requisition for regular day bus pass, and better bucks in Microix.

Ongoing Projects

- George Willie Sr. Memorial Veteran Stand Off at Twin Arrow – October 2nd, 2026.
- NACA Supportive Services - Food gives away in October 2026.

Respectfully Submitted,

Selena Holgate, Supportive Services Case Manager



NACA Monthly Board Report

Program: Economic Development Program

Program Manager: Pearl Tsosie

Program Staff: Jensen Lanza

Date: October 5, 2026

Major Highlights

- Highlights for the Month of September was the lottery.
- There were 150 plus vendors present for the lottery and the lottery day was on September 4, with 2 lotteries on that day.
- The Visitor's Center at the Grand Canyon sold out the day of the lottery.
- Overlook filled about 80 percent at the end of August.
- Tusayan Museum was about 20 percent.
- Hired a new Ranger for the Overlook.
- Two day Training for the Wilderness First Aid, and receiving certification.

Program Challenges

- We are currently using temp service for Overlook Vista. Waiting for Visitors Center at the Grand Canyon to close, so we can transfer a Ranger from there to Overlook.
- The outlook for the economic level is not like last year, and even years before. It's been slow and not as many tourists. Even at the Grand Canyon, visitor records are down. The Grand Canyon is having water problems from a flood that came through, and we are way down on sells.
- One Ranger resigned work at the Grand Canyon sites. I have stepped in to work there, plus Dorothy taking some shifts.

Current Activities

- Currently I am working on getting the GT projects after a signature is established. I am excited about project. We currently have new tri signs put up. It looks great.
- Everyday operations for all sites, it's a 7-days a week work.
- Small upgrades in the restrooms at the Overlook Vista. The other two sites, the Grand Canyon Park Service, take care of all the cleaning and upgrades.

Ongoing Projects

- The Vendors are always buying spaces even when it's slow, so I carry all the necessary paperwork and credit card machine to provide receipts to the vendors and the Rangers to put on the calendar.
- Overlook currently does not have any work going on with the Granger Thye projects. We have a couple of Rangers from the Temp Services that are cleaning up the pinecones and general cleaning.



NACA Monthly Board Report

Program: Reach UR Life (RUL)

Program Manager: Onelia Soto

Program Staff: Angelina Tso, Anya Ashley, Shoshana James

Date: October 6, 2026

Major Highlights

RUL Makes a difference in our community – Partnership engagement report. RUL has received an email from Flagstaff Dormitory administrator, Theresa Boone-Schuler. “I am writing to express our sincere appreciation for our longstanding partnership with NACA’s RUL Program. For more than 10 years, NACA has been a valued partner of Kinlani Dorm, providing meaningful opportunities, experiences, and support that positively impact both our students and staff. Through its programs, activities, and events, the RUL Program has consistently engaged our students and staff in meaningful, culturally relevant behavioral and mental health programming. Their efforts have also helped promote healthy, positive relationships among students and staff and contributed to a supportive, caring residential environment. We greatly value NACA’s continued commitment and dedication to our students and staff. We are grateful for the time, expertise, and care that the RUL Program brings to our community, and we look forward to continuing our collaboration and building upon this important partnership for years to come.”

Program Challenges

- The barriers and concerns with the Reach UR Life program are funding, as we are grant-based. Limited funding affects our ability to provide community services across the continuum.
- NACA continues to explore opportunities for funding. Our limiting factor is resource availability.

Current Activities

- Ongoing services, events, outreach efforts, training, meetings, community events, or initiatives currently taking place within RUL program.
 - Coconino County Juvenile Detention – We continue to provide weekly life skills sessions for youth in jail.

- Coconino County Hope Center – Life skills sessions have resumed 1x a month. October 22, 2026
- Pineforest Charter School - We have scheduled life skills workshops for 5th-8th grade students, October 22, 2026
- Northern Family Help Center – Life skills October 5th
- Pathways – Lifeskills October 19th, October 20th
- Out of the Darkness Suicide Prevention Walk – October 3rd. Buffalo Park

Ongoing Projects

- Sinagua Family Information Night – The Reach UR Life team participated as part of a community event on October 1, 2026.
- Community and Culture Health Fair – October 23rd. RUL will be participating

Suicide Prevention Trainings Scheduled

- **safeTALK** - November 2, 2026 9:00-1:00pm at Moonshot Accelerator Conference Room
- **ASIST** - Tentatively January 2027. Date to be determined next month.



NACA Monthly Board Report

Program: Pathways Youth Program

Program Manager: Kateri Slim

Program Staff: Joi Lynch

Date: 10/9/2026

Major Highlights

During September, Pathways students participated in a variety of cultural, educational, and community-building activities.

- NACA Open House: Students created posters for the NACA Open House on September 10, sharing what their community means to them and reflecting on their community roots.
- NACA Health Promotions (HP): NACA HP continued its weekly visits, providing students with hands-on lessons in gardening and gourd painting.
- Reach Ur Life (RUL): The RUL team visited Pathways and led lessons on emotions in both Diné and Hopi, helping students build emotional awareness and understanding.
- Calming Corner: Students began creating posters for the Calming Corner to help promote emotional regulation and provide a welcoming space for students to practice calming techniques.
- Cultural Enrichment: Students ended the month by making popsicle-stick hogans, exploring traditional Navajo architecture through a fun, hands-on craft activity.

Program Challenges

- The Pathways Youth Program continues to work toward filling the vacant Program Coordinator position. Two candidates were recently interviewed, and an additional interview is scheduled for the upcoming week. The team remains optimistic about the current hiring process and hopes to select a qualified candidate soon.
- Joi Lynch, Recreational Assistant, submitted her resignation due to school commitments. With this staffing transition, the program is continuing its efforts to fill both positions. Candidates have been selected and scheduled for interviews, and the goal is to have the positions filled by December to help ensure program stability and continuity.

Current Activities

- October 19 and 20: NACA Rul team will be visiting Pathways for the afternoon to incorporate mental health life skills.

Ongoing Projects

- Planning and preparation for the remainder of the year are underway. Pathways has an upcoming Halloween party at the end of October.
- Interviews for the Pathways Program Coordinator position will continue until a qualified candidate is selected, and the position is filled.

- Interviews for the Pathways Program Recreational Assistant position will continue until a qualified candidate is selected, and the position is filled.

September 2026 Marketing Report



Marketing goals

Increase community outreach and engagement, increase event attendance, and in turn, raise funding for NACA.

Current marketing strategy

1. Consistent social media posting using the social media content calendar, with daily themes for posting. Responding to comments and messages promptly and thoroughly.
2. Send NACA e-newsletter to all subscribers every 2 months. Occasional funding emails.
3. Promote NACA and departmental events/programs on social media, the website, in the e-newsletter, at public outreach events, in public media outlets, and via printed

materials. Take photographs at NACA special events.

4. Collaborate with other organizations that can partner with NACA to further community outreach and engagement, and funding.

Completed Trainings/Webinars –

Completed Tasks

NACA Tasks

Open Drum Group
Grant committee meeting
Open house live on IG
Truth and reconciliation day events
Labor Day closure on social media
FUSD FACTS event live on IG
Summit high college and career fair
Indigenous Peoples Day closure on social media
A walk to remember cancer support Arizona flyer
Mommy & me class from California clinic on social media
Drum video with FIFF
NAU student interest in job shadowing

Village of Walpi tabling opportunity

Sky Bear Media outreach

Hispanic heritage month potluck

Orange shirt day book donation

Orange shirt day staff photo

Drum group collab with summit high

NACA website hacked

Department Tasks:

Family Health Center – provider bios

Vaccine promotion

Behavioral Health –

Health Promotions -

Newsletter and Calendar

Fall harvest celebration

What can I eat?

Run for renewal

Culture and community health fair

2026 photos

Pathways –

Community Development –

Economic Development –

Vendor newsletter planning

Supportive Services –

September 2026 Marketing Report

Sharing and caring
powerpoint campaign

RUL –

website page revision

5th annual prayer hike live
on IG

World suicide prevention
day

QPR

Ongoing Tasks:

KTNN, KUYI, and KAFF
Radio advertising
campaign

Kind Traveler partnership

Leadership meeting

Directors meeting

Board of Directors meeting

Workplace and
Community Support
Committee meeting

Business Cards

All-Star Employee
Recognition

Website maintenance

Monitoring Outreach email
inbox

Promoting Oak Creek
Overlook and Grand
Canyon vending sites on
social media

All Staff Calendar

Facility Communication
boards

PatientPoint TVs

Social media reposts

QI/QA meeting

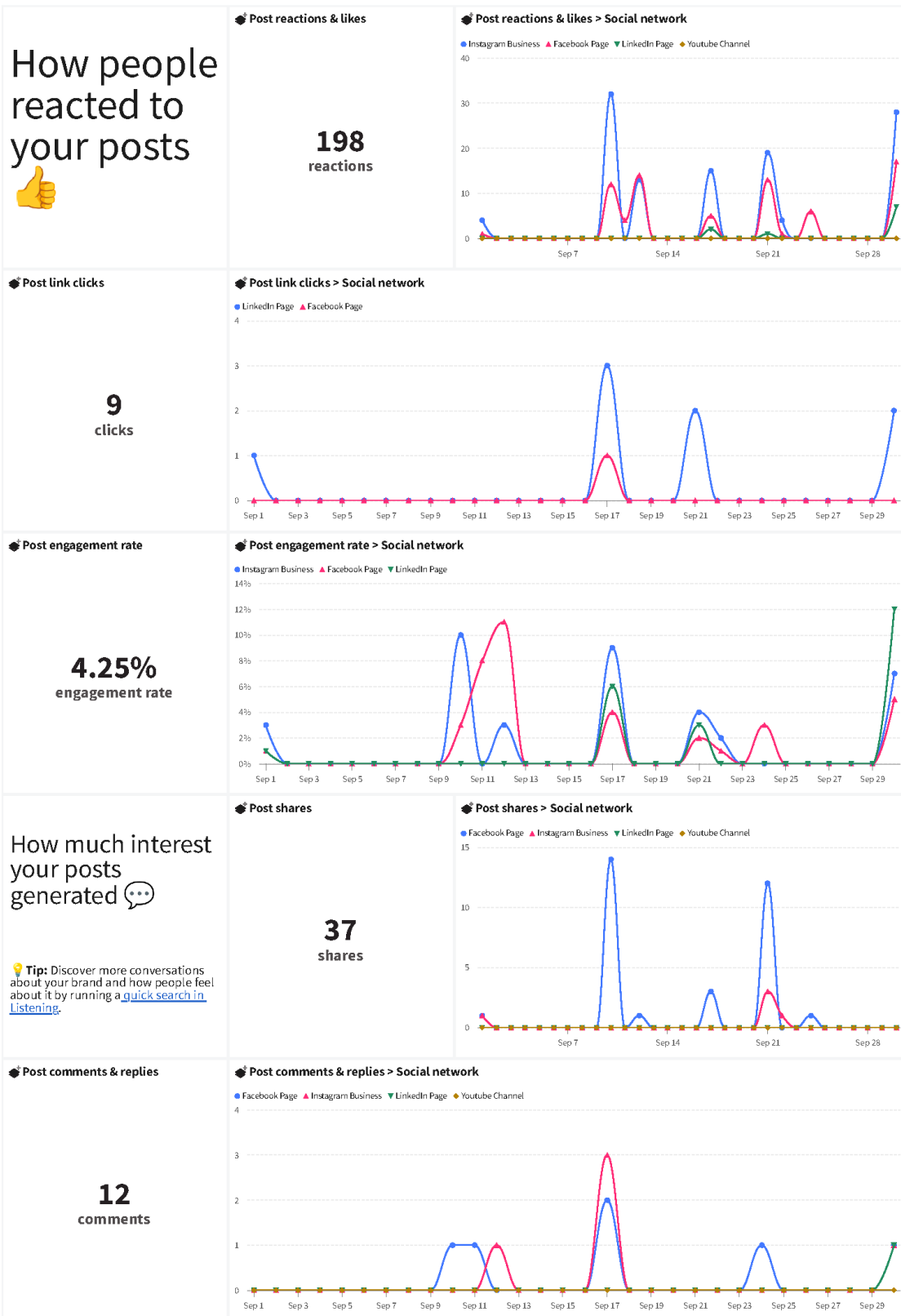
Strategic Planning
Committee

.....and more!

Use the Linktree below to find NACA on Social Media:

[https://linktr.ee/NACAFlag
staff](https://linktr.ee/NACAFlagstaff)

September 2026 Marketing Report





Family Heath Center Board Report
October 2026
Prepared by: Verity Quiroz, Director of Operations

Major Highlights:

- Implementation of Board Approved Policies including Staff as Patients, Notary Services, Billing and Finance.
- Staff completed E learnings for NG8 Upgrade
- Hired and onboarded Medical Billing Specialist
- Successfully transitioned Kayla Denatsosie to Outpatient Coder
- SafeTALK attendance on September 15, 2026
- Interviewed Dr. Neal Cabaluna and Dr. William Fleming
- Attended Operations Committee Meeting (first since Feb 2026)
- Updated Medical Director with AAAHC, ADHS, CLIA and McKesson
- Enrolled in McKesson GPO called Argent
- Met with Sky Advanced re: 340B Contract with Safeway
- Attended GPRA Coordinator Meeting September 23, 2026
- Attended Patient Portal demo with Intelichart
- Drafted Provider Enrollment and Payer Credentialing Policy
- Drafted Luma Broadcasting Policy
- Drafted Provider Coverage Policy
- Drafted revised Patient Rights and Responsibilities 130
- Drafted Medical Records policy revisions to comply with revised AMPM Policy 940 and HB 2557 effective October 1, 2026. Revisions include response timeframes for release of medical records, request tracking requirements, and no-cost copies for AHCCCS members. Annual review prepared ahead of January 2027.
- Pre Project Walk Through with Loven for Suite 8 and 26
- Truth and Reconciliation Awareness Walk September 30, 2026
- Maximizing Revenue and Value Based Care NG Training Oct 1, 2026
- Signed with Fusion Healthcare for PCP Recruitment
- AAAHC Version 45 implementation activities continue. Compliance required by December 2026. Leadership registered for Version 45 update training.
- NextGen 8 implementation scheduled for October 29, 2026. Staff practice sessions are underway to support adoption and reduce workflow disruption.
- Ruth returned from leave
- CEO signed agreement with Fusion Healthcare for physician recruitment efforts
- The billing/coding department is in a stronger operational position with a fully staffed in-house billing and coding team, resolved credentialing issues, and several identified opportunities for revenue recovery. The biggest financial risks remain the



Family Heath Center Board Report
October 2026

Prepared by: Verity Quiroz, Director of Operations

high denial rate (18.7%), poor A/R aging (63.3% over 90 days), and below-target collection rate (80.9%). Leadership expects improvement over the coming months as staffing resources are directed toward denial management, A/R follow-up, and billing system corrections.

Major Challenges:

- Provider Recruitment
- Limited uninterrupted time to work due to Meeting volume
- NACA Turnover and Burnout
- NextGen slowness
- Ashline referrals not delivering

Staffing updates:

- Signed with Fusion Health for Physician Recruitment
- Verity providing direct supervision to Billing Program Manager and team
- Jessica Cooley resigned from PSC position September 28, 2026 due to personal reasons
- Victoria Natoni-Yazzie offered PSC position, hopefully to start October 26, 2026

GPRA:

- Defer to Quality Improvement and Compliance monthly report

Infection Control:

- Flu Vaccines received, administering to Staff and Community through Apr 2027
- Quarterly Audit July-September 2026 completed (see attached)
- Infection Control Quarterly Report July-September 2026 completed (see attached)
- Microorganisms Report (see attached)

Employee Health:

- 97% of direct care staff vaccinated by goal date of September 30, 2026
- 1 direct care staff working on exemption certificate

Community Guest Speakers at All Clinic Staff Meetings

- NACASA
- Catholic Charities

Service Expansion Considerations

- Physical Therapy



Family Heath Center Board Report

October 2026

Prepared by: Verity Quiroz, Director of Operations

- Chiropractor
- 340B Pharmacy

Revenue Cycle

- Ongoing efforts to reduce claim denials and improve coding accuracy
- Transition Planning continues to move billing/coding services back in house, services to term December 13, 2026; consultant notified
- Dr Nelson credentialed with Tricare and CCN

Strategic Plan Status

Strategic Objective #1 Culture, Retention & Workforce Development

Accomplishments

- Regularly scheduled one-on-one meetings with Billing Program Manager, Registered Nurse, and Health Promotions Program Manager
- Regularly scheduled department meetings with Front Desk, Billing/Coding, Nurse Staff, Health Promotions and All Clinic
- Ruth returned from leave October 6.
- Billing Program Manager role successfully filled internally through promotion.

Challenges/Risks

- Workforce burnout.
- Provider recruitment remains ongoing.
- Maintaining engagement during multiple technology and operational initiatives.

Strategic Objective #2 Patient Experience & Clinic Operations

Accomplishments

- Continued optimization of Luma workflows and patient-facing forms.
- Staff as Patients Policy implemented.
- Notary Services launched to improve access for patients requiring notarized documents.
- Ongoing efforts to improve cross-department communication and patient-centered workflows.
- Ruth returned to improve provider access and continuity of care.

Strategic Objective #3 Community Awareness & Partnerships

Accomplishments

- Open House attendance exceeded 294 community members.
- Successfully participated in Truth and Reconciliation events, MMIW activities, cultural programming, and health promotion events.
- Presentation by NACA staff reached approximately 300-400 conference attendees.



Family Heath Center Board Report

October 2026

Prepared by: Verity Quiroz, Director of Operations

- Expanded partnerships with:
 - NACASA
 - Catholic Charities

Strategic Objective #4 Infrastructure & Technology

Accomplishments

- NextGen 8.4 project launched.
- Organization entered a community implementation cohort that reduced upgrade costs by approximately \$35,000.
- Continued EHR optimization through Luma
- Continued Patient Outreach through CareEmpower.
- Continued development of population health reporting.
- ADT notification processes refined to improve usability.

Upcoming

- NextGen 8.4 implementation.
- Patient portal evaluations.
- Relias implementation milestone.

Strategic Objective #5 Accreditation & Compliance

Accomplishments

- Board-approved Billing, Finance, Staff as Patients, and Notary policies implemented.
- AAAHC Version 45 readiness work underway.
- IHS site review completed; awaiting final determination of corrective actions.
- Annual competencies completed for Nursing, Health Promotion, and Custodial staff.
- CLIA Medical Director updates submitted.
- Medical Staff Bylaw review completed with the Medical Director. Updates are being prepared for Board consideration.
- Medical Records annual review completed ahead of the January 2027 review schedule due to AHCCCS regulatory changes effective October 1, 2026

Strategic Objective #6 Revenue Growth & Financial Sustainability

Accomplishments

- Medicare billing corrections completed.
- Vaccine administration coding corrections completed.
- Billing and coding transition remains on track.
- Community Health Worker billing implementation planning continues, including workflow development, policy development, and coding validation activities.



Family Health Center Board Report
October 2026

Prepared by: Verity Quiroz, Director of Operations

- MAT expansion planning continues.
- 340B opportunities under review.
- Three AHCCCS Rural Health Transformation grants remain pending.

Quality & Population Health Performance

Equality Health Network reports:

- W30 Well Child Visits: 100%
- Childhood Immunizations: 66.7%
- Cervical Cancer Screening: 60%
- Opportunities remain in:
 - Breast Cancer Screening
 - Prenatal Care
 - Postpartum Care
 - Well Child Visits ages 3-21
- Care gap outreach efforts continue through CareEmpower and population health workflows.

Strategic Risk

- TPWIC funding ends June 30, 2027. Several community programs would require alternate funding if renewal opportunities are not secured.
- TPWIC-funded activities potentially impacted include cultural programming, youth activities, community gardens, MMIW activities, Girls on the Run, Pathways, and other community engagement initiatives; Decreased involvement with Pathways Program

Facilities & Capital Projects

Status

- Board-approved conference room conversion project progressing.
- Suite 8 wellness/classroom conversion planning continues.
- ADA restroom modification planning is underway for Suite 8 and Suite 26 as part of facility improvement efforts.

Annual Policy Updates:

- January: Medical Records & Health Information Management
- February: Health Promotions
- April: Medication Management
- May: Laboratory Services & Infection Control, Infection Control Plan Program
- June: Medical Services
- September: Billing/Finance



Family Health Center Board Report
October 2026
Prepared by: Verity Quiroz, Director of Operations

Events

- Community Health and Culture Fair, October 23, 2026 @ Hal Jensen
- Navajo Nation Mammogram/Women's Health Event Nov 17, 2026

Travel:

- Kristin, Valarie, Kendra, Veronica to Invaluable MA, DA, CHW Seminar October 17, 2026 in Phoenix, AZ
- Kylee and Kristin CHW Tribal Summit October 25-28, 2026 in Scottsdale, AZ
- Shay and Deb to Twin Arrows Employee Health and Wellness Fair October 28, 2026
- Brandie to American Public Health Association Conference October 31-Nov 5, 2026 in San Antonio, TX
- Verity, Cassie, Alika and Shay to Nextgen UGM Annual Conference Nov 8-12 in San Diego, CA
- Verity, Shay, Dr. Nelson, Francisco to AAAHC Dec 10-11 in Las Vegas, NV
- Kylee to Flagstaff Field Institute First Responder January 20-24, 2026 in Flagstaff, AZ
- Matilde to Flagstaff Field Institute Wilderness First Aid March 13-14, 2026 in Flagstaff, AZ
- Annual NCUIH Conference Registration Open for 2027 in Washington, D.C.

Attachments:

- Urban and 1ALOE Reports
- Microorganisms Report
- Infection Control Quarterly Audit
- Infection Control Quarterly Report

Consent items: (to be presented by QIC Director)

- Provider Enrollment and Payer Credentialing Policy
- Luma Broadcasting Policy
- Provider Coverage Policy
- Patient Rights and Responsibilities 130
- Medical Records Policies



Infection Control Quarterly Audit

Question	Response	Details
Hand Hygiene		Score (8/8) 100%
1.Sinks for hand hygiene are well stocked?	<u>Yes</u> / No	
2. Alcohol hand rubs are well stocked?	<u>Yes</u> / No	
3. Sinks are available in all areas as needed?	<u>Yes</u> / No	
4. Alcohol hand rubs are available in patient's rooms? (Not in patient rooms due to alcohol content)	<u>Yes</u> / No	Consider single use rubs
5. Placement of alcohol hand rubs is compliant with safety?	<u>Yes</u> / No	
6. Hand washing/hand hygiene audits being performed?	<u>Yes</u> / No	
7. Hand Hygiene reminder posters present?	<u>Yes</u> / No	
8. Hand soap is available in all hand washing stations/bathrooms?	<u>Yes</u> / No	
Supply / Storage		Score (6/7) 86%
1. OSHA area clear?	<u>Yes</u> / No	OSHA clearance floor tape at electrical panel/window not yet replaced after repainting; research OSHA clearance requirement (Rounds #87).
2. Supplies are stored off floors?	Yes / <u>No</u>	Copy paper stored in original cardboard shipping boxes (moved over by Facilities; additional boxes in Suite 18). Nursing nitrile glove cases in cardboard on floor; staff directed to unpack same day. Repeat of Q2 finding.
3. Housekeeping supplies separated from medical supplies?	<u>Yes</u> / No	
4. Ceiling tiles are not stained or wet?	<u>Yes</u> / No	See Patient Care #9.
5. Floors are clean and free from damage?	<u>Yes</u> / No	
6. Supplies are stored at least 18 inches below the ceiling?	<u>Yes</u> / No	
7. Exit clear?	<u>Yes</u> / No	



Infection Control Quarterly Audit

Question	Response	Details
Patient Care Areas		Score (18/20) 90%
1. Horizontal surfaces are clean?	<u>Yes</u> / No	
2. Trash cans are not overfilled or overflowing?	<u>Yes</u> / No	
3. Patient Bathroom(s) are clean?	<u>Yes</u> / No	
4. Hand hygiene products are available?	<u>Yes</u> / No	
5. Soap and paper towels are available in each bathroom?	<u>Yes</u> / No	
6. PPE is available?	<u>Yes</u> / No	
7. Patient equipment is clean?	<u>Yes</u> / No	
8. No visible soil on vertical surfaces?	<u>Yes</u> / No	
9. Ceiling tiles are not discolored, wet, missing, or damaged?	Yes / <u>No</u>	Exam Rm 6 wet ceiling tile (new); Exam Rm 7 recurring leak; spot noted in Brandy's office. Roof vs. HVAC source unresolved.
10. Air filters are clean? Check ceiling & free standing Exam room #5: NA	<u>Yes</u> / No	
11. Furniture (chairs & pillows) are without tears or wear?	<u>Yes</u> / No	
12. Exam table is without tears or puncture holes?	<u>Yes</u> / No	
13. Floors are clean and free from damage?	<u>Yes</u> / No	
14. Sharp containers are no more than 3/4 full?	Yes / <u>No</u>	Vaccine room sharps container filled above fill line; replace.
15. Sharps containers are mounted to walls?	<u>Yes</u> / No	



Infection Control Quarterly Audit

16. General area and high places are dust free?	<u>Yes</u> / No	
17. Bathroom call lights functional and in good working condition?	<u>Yes</u> / No	
18. Emergency bathroom key available? (All staff have)	<u>Yes</u> / No	
19. Staff can verbalize contact time and PPE for Caviwipes? (3 minutes Caviwipe)	<u>Yes</u> / No	
20. Items are not stored under sink?	<u>Yes</u> / No	

Employee Kitchen / Breakroom		Score (7/8) 88%
1. Floors and walls clean?	<u>Yes</u> / No	
2. Horizontal and vertical surfaces are clean?	<u>Yes</u> / No	
3. Microwave oven clean?	<u>Yes</u> / No	
4. Refrigerator clean and thawed of ice?	<u>Yes</u> / No	Improved since last audit; monitor for condensation.
5. Under sink clean and without storage?	<u>Yes</u> / No	
5. Employee food labeled and dated?	<u>Yes</u> / No	
6. Sink free from debris and dirty dishes?	<u>Yes</u> / No	
7. Is this section free of additional findings?	Yes / <u>No</u>	Microwave cannot sit fully back on shelf due to wiring (fall risk); larger shelf/unit to be ordered. Cabinet reported loose.
General Unit / Nurses Station / Medication Room/ Lab		Score (22/23) 96%
1. Unit/area generally clean (without dust, clutter or debris)?	<u>Yes</u> / No	
2. Unused patient equipment/supplies are stored and handled appropriately?	<u>Yes</u> / No	Opened single-use supply found in exam room and discarded; staff reminded to discard once opened.



Infection Control Quarterly Audit

3. Medication and specimens are handled appropriately?	<u>Yes</u> / No	
4. Biohazard trash is segregated from regular trash?	<u>Yes</u> / No	
5. Medication(s) & Sharps are locked and inaccessible to patients?	<u>Yes</u> / No	
6. Multi-dose vials/vaccines labeled when opened and expiration? (In fridge on left)	<u>Yes</u> / No	
7. Needles and syringes are disposed of properly?	<u>Yes</u> / No	
8. Out of date supplies are not present?	<u>Yes</u> / No	Multiple supplies expiring 9/30/26; nursing (Sherry, Ronnie) notified to complete expired-product sweep 9/29-9/30.
9. Infectious waste in red bag or container?	<u>Yes</u> / No	
10. Ceiling tiles are not discolored/ wet/ missing / damaged?	<u>Yes</u> / No	See Patient Care #9.
11. Lab supplies are not expired? (Drawers in lab next to sink)	<u>Yes</u> / No	
12. Nothing is stored under the sink and there is no sign of leaks?	<u>Yes</u> / No	
13. Halls are uncluttered?	<u>Yes</u> / No	
14. Respiratory hygiene available?	<u>Yes</u> / No	
15. Restrooms clean?	<u>Yes</u> / No	
16. Trash basket are not overflowing?	<u>Yes</u> / No	
17. Biohazard symbol on door of biomedical waste storage?	<u>Yes</u> / No	
18. AED easily accessible and has signage?	<u>Yes</u> / No	
19. No artificial/acrylic nails use?	<u>Yes</u> / No	
20. No personal lotion use.	<u>Yes</u> / No	Staff reminded: issued Lubriderm only; no personal lotions or fragrances.



Infection Control Quarterly Audit

21. Medication Room refrigerator/freezer is clean and without ice?	<u>Yes</u> / No	
22. There are no expired products found (vaccines, medications, medical supplies)?	<u>Yes</u> / No	
23. Is this section free of additional findings?	Yes / <u>No</u>	Floor cleaner in spray bottles being used on surfaces; surfaces to use disinfectant wipes (purple-top standard). Posted CLIA certificate is expired copy; post current digital copy until original arrives. Filter line pulled from wall with exposed screw (trip hazard). Trash cans need pressure washing.

Question	Response	Details
Logs		Score (10/10) 100%
1. Weekly refrigerators checks performed and logged?	<u>Yes</u> / No	
2. Daily Oxygen Tank(s) checked and logged?	<u>Yes</u> / No	
3. Medication inventory checked and logged weekly?	<u>Yes</u> / No	
4. Weekly Sterile Instrument package checks performed and logged?	<u>Yes</u> / No	
5. Defibrillator checked monthly?	<u>Yes</u> / No	
6. Accucheck Glucose Meter controls checked daily? (Book in lab)	<u>Yes</u> / No	
7. Glucose meter controls dated when opened and expiration? (There are three)	<u>Yes</u> / No	
8. Glucose meter strips dated when opened and expiration? (Good for 90 days once opened)	<u>Yes</u> / No	
9. Temperatures checked BID for VFC vaccine / medication storage?	<u>Yes</u> / No	
10. Is this section free of additional findings?	<u>Yes</u> / No	
Employee General Knowledge		Score (7/7) 100%



Infection Control Quarterly Audit

1. Employees know the procedure for blood exposure? (IC 110) <ul style="list-style-type: none"> Identify/document route & source Testing, evaluation, treatment (with consent, feasible, and lawful) 	<u>Yes</u> / No	
2. Employees can locate their Infection Control Policies? (share drive)	<u>Yes</u> / No	
3. Employees can locate their Exposure Control Policy? (share drive)	<u>Yes</u> / No	
4. Employees can locate the blood spill kit?	<u>Yes</u> / No	
5. Employees can locate the nearest fire extinguisher?	<u>Yes</u> / No	
6. Employees can locate the nearest fire exit?	<u>Yes</u> / No	
7. Is this section free of additional findings?	<u>Yes</u> / No	
Terminal Cleaning (Housekeeping) Score (9/9) 100%		
1. Employees know to use gown, mask, and gloves	<u>Yes</u> / No	
2. Employees know/demonstrate how to discard disposable items into waste can and place trash liner by the door?	<u>Yes</u> / No	
3. Employees know/demonstrate washing furniture and all horizontal surfaces in the room including the door handles and telephone, keyboard, mouse.	<u>Yes</u> / No	
4. Employees know/demonstrate wash spotting on the walls?	<u>Yes</u> / No	
5. Employees know/demonstrate removal of gloves, gown and mask in the same way as doing general cleaning?	<u>Yes</u> / No	
6. Employees know/demonstrate how to bag all materials?	<u>Yes</u> / No	
7. Employees know/demonstrate how to wet mop floor then discard mop head?	<u>Yes</u> / No	***Under review
8. Employees know/demonstrate to take trash as they exit the room?	<u>Yes</u> / No	



Infection Control Quarterly Audit

9. Employees know/demonstrate appropriate hand hygiene after a terminal clean?	<u>Yes</u> / No	
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Completion: Overall Score 87/92; 95%

Surveyor's Name <u>Francisco Rendon</u> <u>QI&C Director</u> Accompanied by: Verity Quiroz, RN MSN, DOO	Surveyor's Signature <i>Francisco Rendon</i> _____	Date/Time of Audit 9/29/26 at 1:00 pm
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Infection Control Quarterly Audit



NACA

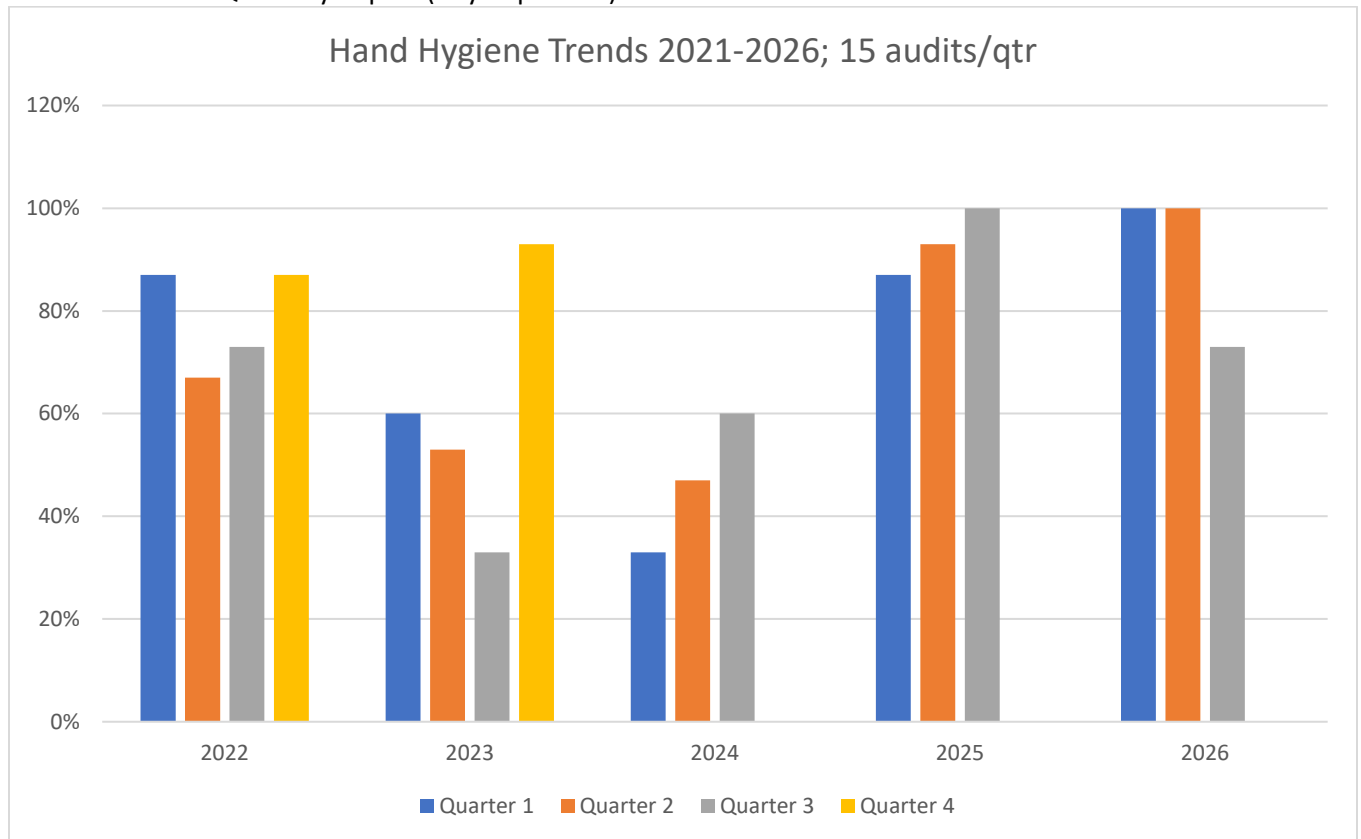
Infection Control Quarterly Report (July-Sept 2026)

Flu Vaccine Rate (Direct Patient Care Staff)	32/33 (97%)
Flu Vaccine Declination Rate	1/33 (3%)
Patient/Employee Flu Cases	0
Patient/Employee Covid Cases	0
Patient/Employee RSV Cases	0
Hand Hygiene Compliance	11/15 (73%)
Safe Injection Compliance	137/140 observed checklist items (98%)
Fit Testing Compliance (mask fitting)	7/10 (Kendra, Ruth, Dr Nelson)
Communicable Diseases reported to County	0
HIV Diagnoses reported to County	0
Employee Sharps Incidents	0
Suspected Measles Cases	0
Confirmed Measles Cases	0
Infection Control Audit	95%
Date: 9/29/2026 by Francisco Rendon	Findings: <ul style="list-style-type: none"> • Copy Paper stored in original shipping box on floor in MR • Nitrile Gloves stored in original shipping box on floor at Front Desk • Exam 6 & 7 & Brandie's office with wet/stained ceiling tiles • Vaccine Room sharps container full • Open single use saline found in exam 2 • Spray Bottles with cleaning solution still in use
Communication Topics with Staff	<ul style="list-style-type: none"> • Flu Vaccines 9/8/2026



NACA

Infection Control Quarterly Report (July-Sept 2026)



URBAN TRANSMISSION REPORTS

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 09/28/2026 | Data As Of: 09/13/2026



INDIAN HEALTH SERVICE

Urban AREA Data Loaded to the NDW

Report Date: 10/01/2025 thru 09/30/2026

Today's Date: 09/28/2026 | Data As Of: 09/13/2026

87: NAVAJO URBAN

Includes data sent in by any site in the report area for services taking place at any site in the report area.

Region Abbr Code	ITU	ASUFAC	Service Taking Place At...	Files
NAV	U	878711	NACA HEALTH CENTER	7

NACA Quality Improvement & Compliance

Board of Directors Report

Reporting period: September 9 – October 14, 2026 · Board meeting: October 21, 2026

Prepared by Francisco Rendon, QI & Compliance Director

Section 1 — Highlights & Challenges

Major Highlights

- **IHS 2026 site review: 94% overall.** NACA scored 100% in leadership, 95% in legislative, 93% in finance and 88% in governance. IHS recommended separate asset tags for IHS-funded inventory valued over \$5,000. The FY2025 single audit remains outstanding, with an October 30 completion date communicated to IHS. Detail in Section 2.
- **Chief Financial Officer hired.** The new CFO began October 13, providing dedicated leadership for Finance, Billing, and the transition of payer credentialing in-house.
- **GPRA 2026 closed with diabetes care as the clear improvement story.** NACA finished the reporting year with 7 of 24 measures at target. Against the prior year, nephropathy assessment rose from 27.0% to 46.1%, retinopathy from 28.4% to 46.1%, and statin therapy for patients with diabetes from 39.5% to 60.7%. Tobacco cessation nearly tripled, from 9.3% to 25.0%. Three more measures missed target by five patients or fewer. Detail in Section 4.
- **Credentialing comes in-house with a governing policy.** The Modio credentialing contract ends October 31 and was not renewed; credentialing and re-credentialing now move in-house, supported by a credentialing matrix. New policy BIL 430 establishes the provider enrollment and payer credentialing program and separates it from clinical privileging under HR 500. It responds to the Board's September request for a documented structure. Detail in Section 2.
- **Human Resources policy manual review complete: 65 items.** The October package includes new policy HR 232, Employee Supervision, which sets minimum supervision standards for every employee and delivers on the commitment leadership made in response to the staff wellness survey. It also brings pay and leave practices into line with Arizona and federal law. Eleven Medical Records policies and the Notice of Privacy Practices are updated for Arizona's new seven-business-day records-access law, and a new provider coverage policy (MS 665) sets continuity-of-care standards for provider absences. Detail in Section 2.
- **Every patient surveyed would refer NACA.** This cycle drew 24 responses (19 electronic and 5 paper), the largest recent cohort. Overall satisfaction averaged 4.80, every respondent who answered rated likelihood to refer 4 or 5, and the provider domain recovered to 4.9. Detail in Section 6.
- **Staff flu vaccination essentially complete.** Every required staff member was vaccinated by the September 30 deadline except one, who is being closed out.
- **Annual competency work continues.** The 2026 competencies have been completed in HealthStream for Behavioral Health, Custodial, Health Promotions and the Clinic. Competencies for the remaining departments are still being developed during the transition to Relias.
- **\$497,500 technology modernization grant awarded.** AHCCCS approved the TRAHMI Rural Health Transformation Program subaward on October 9. Director of Operations Verity Quiroz led the grant application and deserves special recognition for securing this award. QI & Compliance will lead implementation of patient engagement, cybersecurity, AI governance, quality reporting, and training initiatives. One grant-funded position is before the Board for approval. Detail in Section 2.
- **Community presence and new funding.** NACA's September open house drew approximately 300 registered participants, with additional walk-ins. Supportive Services received a \$10,000 Arizona Health Foundation award.
- **Facility and workspace improvements.** A licensed electrician installed the Suite 50 exit sign and repaired hallway lighting; fire-extinguisher inspection tags were applied across NACA locations, the clinic eyewash station was re-certified, and new paper-towel dispensers were installed organization-wide. Filing cabinets were removed to allow the Medical Records supervisor to move into the existing records room, freeing three workspaces for Billing in the medical suite. Detail in Section 8.

Major Challenges

- **A staff member was assaulted at an off-site program location.** On October 1 an Economic Development employee was struck by a previously reprimanded vendor who was not authorized to sell at the Grand Canyon site. The employee received emergency care and returned to work. The adverse-incident review found a gap in written field procedures; the root cause analysis is due November 13. Detail in Section 3.

- **Recurrent roof leaks disrupt clinical operations.** During rain, ceiling leaks in Exam Rooms 6 and 7 can make the rooms unusable for several days; they can be used again when conditions are safe and affected tiles are addressed. The landlord and his established contractor continue tracing the sources. At the October 15 Directors' meeting, clinical leadership raised the impact on patient care and requested escalation. A further contractor assessment was anticipated; independent evaluation and formal written escalation were discussed. Detail in Section 8.
- **The single audit filing is late.** NACA has committed to IHS that the FY2025 single audit will be complete by October 30. Special Diabetes Program for Indians funding (more than \$300,000 a year) is at risk with a second consecutive late filing, and the IHS review noted the deadline. The CEO plans to move the 2026 audit to a new firm through a three-bid process, with the new CFO closely involved.
- **Reach Ur Life funding gap.** The program's largest grant was not awarded, and ARPA funding ends December 31. Operations continue at reduced staffing, supported by remaining foundation awards. The Grand Canyon ranger assignment ends October 31; Overlook coverage will continue through the winter with staffing arrangements under review. Care continuity and funding remain watch items.
- **Device security policy requires reconciliation with practice.** A review found that some NACA laptops may not have the encryption stated in HIM documentation. QI & Compliance will verify actual device configurations and options with TeamLogic before finalizing the Device Issuance policy, including appropriate safeguards for staff taking equipment off-site. Detail in Section 5.
- **NextGen 8.4 implementation and Luma follow-up.** NextGen 8.4 is scheduled for October 29, with workflow practice and user preparation under way. NACA continues to have issues with Luma and will monitor performance, considering further action if those issues persist. The interface manager is temporarily on leave. Detail in Section 5.
- **Staff wellness survey: QI Committee workforce retention initiative.** In response to turnover concerns, the QI Committee and QI & Compliance worked with the AIAN QIN-QIO to establish an anonymous staff wellness baseline (42 of 67 responses; 63%). Results were presented to staff September 29. HR 232 is an initial response; the discussion below identifies organization-wide themes and proposed next steps for Board oversight.

Staff Wellness & Workforce Retention — QI Initiative

Program origin and purpose. In response to significant workforce turnover concerns, including provider turnover, the Quality Improvement Committee, working with QI & Compliance, initiated a structured staff wellness review through NACA's collaboration with the AIAN Quality Innovation Network–Quality Improvement Organization (QIN-QIO). This work is the fourth priority in the QIO-supported quality improvement plan and draws on the AMA Joy in Medicine framework. Its purpose is to understand the gap between generally positive engagement ratings and observed staff departures, establish a baseline, identify actionable drivers, and assess whether changes improve retention-related conditions. The QIO provides technical assistance; NACA owns implementation and follow-through.

Survey design and reach. The anonymous 2026 all-staff survey combined AMA Mini Z core questions with NACA-specific questions about supervision, role clarity, cultural respect, community-event participation, fairness, workload, wellness benefits, and intent to stay. Forty-two of 67 staff responded (63%). Responses are a useful baseline rather than a census, and the NACA supplemental items are not themselves part of the validated Mini Z instrument.

Results: strong commitment, clear organizational concerns

Staff reported substantial strengths: 81% were satisfied with their jobs, 74% expected to remain at NACA for at least another year, and 67% felt their culture and traditions were respected. At the same time, 62% said community/event participation was not shared fairly; 48% reported that staffing changes made their jobs harder; 40% regularly worked beyond their formal roles; and only about one-third agreed that raising a concern leads to action (about one-third were neutral and one-third disagreed).

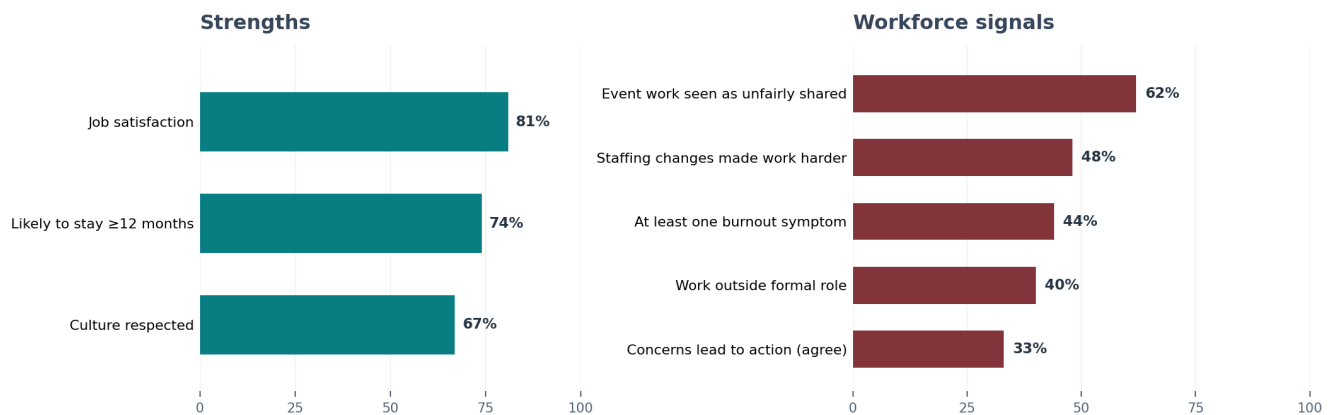


Figure 1. Percentages from the 2026 all-staff survey (42 respondents); bars represent different questions and response categories, not a single composite score.

What the results mean for NACA

The central finding is not a lack of commitment to NACA's mission. Respondents identified organization-wide conditions that leadership can influence: consistent supervision, equitable distribution of work and community responsibilities, recognition of contributions beyond job descriptions, and visible responses to employee concerns. Survey results do not establish which factors caused earlier resignations; assessing progress against actual turnover and exit-interview information will help test whether improvements are working.

Work completed and proposed follow-through

The all-staff survey established an initial baseline, and findings were presented to staff September 29. HR 232, Employee Supervision, is before the Board this month and establishes consistent supervision expectations and documentation—one tangible response to the themes identified. It does not, by itself, resolve the wider concerns about fairness, workload, and whether staff concerns are acted upon.

QI & Compliance recommends a documented leadership response that identifies two or three priority improvements, the responsible leader for each, a timeline, and a method for communicating progress back to staff. Possible measures include supervision completion, the percentage of staff who believe concerns lead to action, perceptions of fair event assignments, burnout severity, actual turnover, and use of the Working on Wellness benefit. A repeat anonymous survey after an appropriate interval—six months was proposed in the leadership materials—would show whether conditions have improved. These are recommended next steps, not actions represented here as formally approved.

Board oversight focus. Does leadership have an accountable, time-bound response to the findings, and how will the Board know whether staff experience and retention are improving? The purpose is organizational learning, not evaluation of individual managers or identification of respondents.

Section 2 — Compliance & Risk Management

Accreditation & Regulatory

IHS 2026 site review: 94% overall.

Domain	Score
Leadership	100%
Legislative	95%
Finance	93%
Governance	88%
Overall	94%

The CEO presented the results to leadership on October 8. The IHS Urban Coordinator's main recommendation is that IHS-funded inventory valued over \$5,000 carry IHS-issued tag numbers, separate from NACA's internal asset tags, with records maintained. IHS is mailing the tags; NACA will apply them on receipt. Responsibility for tagging has not yet been confirmed. The report also asks that NACA complete future single audits by the required deadline. The FY2025 single audit missed September 30; the anticipated completion moved first to mid-October and then to October 30, the date NACA communicated to IHS.

The deductions and recommendations appear on a separate page of the IHS report. Close-out of the 2024 and 2025 reviews remains open. IHS has not sent the 2025 results despite CEO email follow-up and advised NACA to focus on the now-completed 2026 review. Baker Tilly drafted the requested late-audit notice in late September; the CEO is confirming delivery to affected funders.

AAHC v45 takes effect December 15, 2026, eight weeks from this meeting. One standard surfaced directly this period. ADM.140.40 requires a written workplace violence procedure and is scored Yes/No. The HR 425 revision before the Board this month adds a workplace violence and aggression procedure that cites the standard. It covers NACA facilities and events; off-site program locations remain a gap, which the October 1 corrective action plan addresses (Section 3). AI governance and a consolidated cybersecurity policy remain the principal v45 build items.

UDS reporting — not required for now. NACA's IHS contract (Section F, Item 2) calls for annual Uniform Data System reporting each January for the prior calendar year. NACA no longer receives HRSA funding, so the CEO asked IHS whether the requirement still applies. In October 2025, IHS advised that UDS reporting is paused until IHS obtains OMB approval to request the data from UIOs; the requirement itself has not been removed. On October 15, 2026, the IHS Area Deputy Director advised that UDS reports are not required for now, and the topic was placed on that day's UIO Program Executive Directors meeting agenda. NACA will act on any further IHS guidance. HRSA program requirements still bear on NACA because a few NACA nurses participate in HRSA loan repayment programs.

Annual Policy Review — Human Resources (HR), October 2026

Human Resources is the October set in the annual policy review rotation. The manual was reviewed and reformatted into Policy, Procedure, and Protocol components, with policy content presented for Board action.

Batch totals: 65 items. 60 were revised, 2 are new, and 3 carry forward unchanged; 45 changes are Moderate impact and 20 are Low. The three carried-forward items are the Employee Wellness Program package the Board approved on August 19.

Two new policies.

- **HR 232 — Employee Supervision.** Sets minimum supervision standards for every employee (how often supervision happens, what it covers, how it is documented and how it is monitored), with a standard Supervision Record. It delivers on the commitment leadership made in response to the staff wellness survey, which named uneven expectations and concerns without follow-through as leading themes.
- **HR 406 — Utility Vehicle (Side-by-Side) Operation and Security.** Covers operator and rider approval, training, safe operation, storage and incident reporting for NACA's utility vehicles (employees only; off-road use).

Changes the Board should note.

- **Employee immunizations and TB testing (HR 211).** HR 211, Employee Immunizations and Tuberculosis Testing, is restructured into a Policy, a Procedure (HR 211A), and a Protocol (HR 211B), with clinical tuberculosis screening and immunization criteria owned by the Medical Director. The revision adds a Hepatitis B declination using the OSHA Bloodborne Pathogens Standard statement, assigns exemption approvals (Medical Director for medical exemptions, HR Director for religious or spiritual exemptions, in writing within ten business days), adds Hepatitis B requirements to contractor agreements, and aligns annual tuberculosis 'screening' language. Influenza vaccination requirements carry forward unchanged; staff influenza vaccination will go to the Quality Improvement Committee for review.

- **Pay and leave aligned with Arizona and federal law (HR 217, HR 302, HR 313).** All overtime worked is paid, and withholding pay for late timecards is removed. Sick leave now follows Arizona's earned paid sick time law, including use from the 90th day, minimum accrual, and a balance on each paycheck; attendance-count discipline for sick leave is removed. Travel time counts as hours worked for non-exempt staff.
- **Workplace violence (HR 425).** A workplace violence and aggression procedure now applies at every NACA facility and event, and the weapons rule is stated consistently with Arizona law. This is timely given this period's off-site staff assault (Section 3).
- **Accreditation readiness (HR 220, HR 310).** Infection prevention, fire and evacuation, incident reporting, and patient rights including advance directives are included in orientation and annual training. These requirements will be tracked through Relias going forward.

Medical Records (MR) Policies — MR 400 through MR 500

Eleven Medical Records policies (MR 400–MR 500) are presented for Board approval following review and reformatting.

Records-release timeframes change (MR 420 — High impact; MR 430). Requests from patients and their health care decision makers must be filled within seven business days; continuity-of-care transfers within ten business days; and requests unrelated to treatment within thirty calendar days, with separate AHCCCS and audit-team timeframes. Requests are date-stamped and logged on receipt, the log tracks due and fulfillment dates, and turnaround is reviewed quarterly at the QI Committee. AHCCCS members receive copies at no cost. The changes align with A.R.S. § 12-2293 as amended by HB 2557 (effective September 12, 2026) and AHCCCS AMPM Policy 940 (effective October 1, 2026).

Retention and archiving (MR 470, MR 480). "Annual Purge of Charts" becomes "Annual Archiving and Retrieval": the fixed storage periods and end-of-March purge deadline are removed, and records are not destroyed simply because they are inactive. MR 480 adds a legal hold for litigation, investigations, audits, subpoenas and government review that overrides routine destruction; documented destruction; four weeks' public notice before destruction; a three-year inactivity definition; and practice-closure and transfer provisions.

Governance, documentation and access (MR 400, 410, 440, 450, 460, 490, 500). Oversight roles are named: the CEO (executive), the Medical Director (clinical), the QI & Compliance Director (compliance) and Health Information Management (operations), with the Medical Records Clerk (Lead) in charge of clinical records. The set adds documentation standards for timeliness, authentication, amendments and audits; downtime procedures tied to emergency preparedness; badge-controlled access to a locked records area; and supervised student access to the EHR with breach reporting.

Policies for Board Approval — Out-of-Cycle Additions

Policy #	Policy Name	Change Type	Impact	Summary of Change
AG 410	LUMA Broadcast Messaging & Patient Communication	New Policy	Moderate	Sets standards for patient communication through LUMA Health: broadcast, appointment, recall, outreach, waitlist, preventive-care and patient-satisfaction messages. Requires a current Business Associate Agreement with LUMA before any PHI is sent (now executed), limits PHI to the minimum necessary, and sends diagnoses only through approved secure workflows. Stop-text requests are honored within ten business days, with treatment and safety communications continuing by phone or mail. Procedure AG 410A is maintained by the Director of Operations.
BIL 430	Provider Enrollment & Payer Credentialing	New Policy (out-of-cycle addition to the 2026 Billing manual)	Moderate	Establishes the Provider Enrollment and Payer Credentialing Program across governmental, tribal, commercial, managed-care and contracted payers. Separates payer enrollment from clinical credentialing and privileging (HR 500); payer approval is never a basis for privileging. Services are billed only under the rendering provider's identifiers, and patients are not billed for denials caused by enrollment status. Claims are held on any license, DEA or liability-coverage lapse or a positive exclusion screening. Oversight by the Billing Program Manager and CFO, reporting to the Finance Committee. Procedure BIL 430A is owned by the CFO.

Policy #	Policy Name	Change Type	Impact	Summary of Change
MS 665	Provider Coverage	New Policy	Moderate	Sets requirements for planned and unplanned provider absences in Medical and Behavioral Health. Coverage schedules are overseen by the Medical Director and the Behavioral Health Director; any schedule that would leave a service line without a provider needs an approved coverage plan first; same-discipline coverage comes first, with cross-coverage only within the covering provider's licensure and scope; and legally protected leave, including FMLA, is never denied for lack of coverage. Covering providers answer urgent messages the same business day and non-urgent messages within two business days, with standards for high-risk patients, controlled-substance refills (with PDMP review), escalation and monitoring. Procedure MS 665A is owned by the Director of Operations; clinical protocol MS 665B by the Medical Director and Behavioral Health Director.
RR 130	HIPAA Notice of Privacy Practices	Revision (out of the March Patient Rights cycle)	High	Restates the notice to cover HIPAA and 42 CFR Part 2, including the added protections for substance use disorder records and the right to opt out of the Contexture health information exchange. Sets English and Spanish posting, distribution, acknowledgment, training, and six-year retention requirements. Aligns patient and health care decision-maker record access with Arizona's new seven-business-day requirement (A.R.S. § 12-2293) and MR 420. Revises the notice forms RR 130-F1 and RR 130-F2.

Why RR 130 comes out of cycle. Two legal changes now apply to the notice. The federal 2024 rule on substance use disorder records (42 CFR Part 2) required updated privacy notices by February 16, 2026, and Arizona's HB 2557, effective September 12, 2026, now requires that patients and their health care decision makers receive requested records within seven business days. After approval, the lobby postings will be reprinted in English and Spanish in a larger format; the IHS reviewer noted the current print is too small.

Grant Award: Tribal and Rural AI Readiness and Health Information Modernization Initiative (TRAIHMI)

NACA received a \$497,500 subaward from AHCCCS through the Arizona Rural Health Transformation Program (Medical Diagnostic Equipment and Technology, including EHR Upgrades & Data Sharing; subaward YH27-0021-18). The award was approved on 10/9/26 and runs through 8/15/27. It is fully federally funded through CMS and requires no match. AHCCCS approved \$497,500 of the \$500,000 requested, after limiting administrative costs to its 7% cap.

The project builds capabilities NACA does not have today:

- Patient engagement and communication tools
- Cybersecurity readiness
- AI governance
- Quality reporting and analytics
- Staff training

The grant proposal was developed primarily by Director of Operations Verity Quiroz, whose work secured this significant award. QI & Compliance leads implementation.

Budget Category	Amount
Personnel and fringe (QI & Technology Modernization Coordinator, 1.0 FTE)	\$94,500
Contracted services (cybersecurity assessment, AI governance, NextGen optimization, analytics, training support)	\$102,500
Patient engagement software, reporting tools, and staff training	\$178,000
Network, wireless, and workstation upgrades	\$90,000
Administrative costs	\$32,500
Total	\$497,500

Board Action Requested: Approve one new 1.0 FTE position, QI & Technology Modernization Coordinator, reporting to the QI & Compliance Director. The position is funded entirely by the subaward. Its cost to NACA general funds is \$0 while grant funding continues. The job description is attached.

Federal Grant Funding and Employment Conditions — Standard Language

Standard grant-funding and employment language will be presented for Board consideration in November. It is intended for future grant-funded activities and positions. The proposed language addresses funding availability, allowable and documented costs, and employment conditions tied to the period of grant support; no Board action is requested on this item in October.

Risk Management Program — 2026–2027 Annual Update

The 2026–2027 Risk Management Program is presented for Board approval. NACA's IHS contract calls for annual Board approval; the prior approval was November 18, 2025. The plan is being presented in October ahead of its anniversary date, with a regular November Board meeting also scheduled.

This year's review brought the plan in line with the current AAAHC Handbook (v45, released August 2026), our IHS contract, and the HRSA Health Center Program requirements that apply to NACA. The main updates are:

- **Scope and objectives:** The plan now states which programs and sites it covers and what it is meant to achieve.
- **Clinical record review:** Licensed staff review clinical records quarterly to identify patient safety concerns and any unreported adverse events.
- **Claims and litigation:** Claims and lawsuits are logged and reviewed quarterly.
- **Insurance notification:** Notifications to NACA's professional liability carrier are documented in the incident file.
- **Artificial intelligence:** AI tools are now part of the annual risk assessment and are assessed before any new tool is put into use.
- **Risk scoring:** Each risk score now has a required response and timeline.
- **Staff training:** All employees complete risk management and incident-reporting training at orientation and annually.
- **2026–2027 priorities:** These include moving to electronic incident reporting and completing AI risk assessments ahead of the December 2027 AAAHC survey.

The incident and root cause analysis forms were updated to match current policy.

Incident reporting in Relias. NACA is moving incident reporting to Relias. The setup is underway, and the paper Incident Report form stays in use until Relias goes live. I will bring updated information to the Board once the system is live.

Action requested: Approve the 2026–2027 Risk Management Program.

Risk Management — Staffing & Hiring

- **Chief Financial Officer — filled.** Started October 13.
- **Provider transition.** The physician's tenure ended September 30. Chart reviews for his panel are pending completion by the Medical Director; provider recruitment continues.
- **Credentialing — moving in-house.** The Modio contract ends October 31. Credentialing and re-credentialing move to internal staff, supported by a credentialing matrix (expirations and application status) and governed by BIL 430.
- **Reach Ur Life — staffing reduced** as grant funding ends (see Section 1).
- **Billing — relocation.** The Billing team moves into Suite 18 on October 21 and vacates the GSA space.
- **Pathways Program Coordinator — recruitment.** The position is advertised; remote coverage is in place while recruitment continues. Two candidate interviews have been completed, with one remaining.
- **Pathways Recreational Assistant and park rangers.** The current Recreational Assistant's employment ends December 18 ahead of student teaching in January 2027; replacement interviews are planned. The Grand Canyon ranger assignment continues through October 31. Following a ranger resignation, another employee is covering two days at that location. The newly hired Overlook ranger subsequently resigned; temporary staffing covers two shifts, with a possible additional ranger reassignment beginning November 1.
- **QI & Technology Modernization Coordinator — new, pending Board approval.** One 1.0 FTE position funded entirely by the TRAHMI subaward; hiring start depends on AHCCCS confirming the budget period.
- **Fitness Specialist — open.** The position reopened September 4 and has not been filled.

Section 3 — Incident Report Summary

Reporting period: September 9 – October 14, 2026

Incident totals. Five entries were logged in the September 9 – October 14 window: **three incident reports, one written employee complaint, and one external notification** from the Northern Arizona University (NAU) Institutional Review Board. Volume is down from six in the prior period. One entry is classified as an Adverse Incident. Entries came from the Family Health Center, Behavioral Health, and Administration (Economic Development and Human Resources/Finance). There were no

medication errors, no documentation errors, no patient injuries, and no NACA HIPAA/PHI breaches. One staff member was injured off-site and sought emergency room care.

Total Entries (Sep 9 – Oct 14)	Staff Injuries	HIPAA / PHI Breaches (NACA)	Items still under review
5	1	0†	5

† An external research-privacy finding involving NACA participants is reported separately below. Whether NACA has its own HIPAA breach-assessment obligation depends on what NACA information, if any, was shared with the study; that is being confirmed.

Incident Report Category Breakdown (n = 5 entries; 5 distinct events)

Incident Category	Count	Department
Adverse Incident — Employee Injury (assaulted by a vendor at an off-site program location)	1	Admin (Economic Development)
Workplace Conduct (verbal exchange between a physician and the Medical Director)	1	FHC
Patient Complaint (care-transition communication)	1	BH
Employee Complaint (PTO donation processing)	1	Admin (HR / Finance)
External Research-Compliance Notification (NAU IRB)	1	Admin (CEO / QI & Compliance)
TOTAL	5	

Key Themes

A staff member was assaulted at an off-site program location, the most serious event this period. It is classified as an Adverse Incident. On October 1 an Economic Development Program employee stopped at Navajo Point, Grand Canyon National Park, after seeing a vendor selling where selling is not permitted. He approached the vendor alone and asked him to leave. When he repeated the request and said law enforcement was coming, the vendor struck him and left the area. U.S. Park Rangers responded and took his statement. The employee was treated at the emergency department, discharged, and has returned to work. The vendor's program privileges were revoked October 5. The event is classified Grade III under QRM 320 and is being reviewed on the stricter Grade I/II timeline, with a root cause analysis due November 13. A separate interim Adverse Incident Summary Report accompanies this report.

The preliminary finding is a missing written process, not an individual decision. The expectation that field staff contact law enforcement rather than approach a vendor was verbal only. NACA's written procedure for workplace violence and aggression (RR 150) covers patient behavior only. AAAHC requires written procedures for handling workplace violence and aggression (ADM.140.40) and staff training on those procedures (ADM.160.20), both scored Yes/No. NACA has no written procedure for aggression from vendors, contractors, or visitors, or at off-site program locations. The HR 425 revision before the Board this month adds a workplace violence and aggression procedure citing ADM.140.40, but it covers NACA facilities and events, not off-site program locations. A field protocol, staff training, a new workplace violence policy, and revisions to HR 401, HR 425, and QRM 320 are on the corrective action plan. This is the third consecutive period with hostility directed at staff and the first to result in an injury.

NAU notified NACA of noncompliance in a research study involving NACA participants. The findings concern an NAU investigator's handling of participant privacy, consent, and data security. NAU has confirmed that no action is required from NACA; at the CEO's direction, QI & Compliance is obtaining the corrective action documentation for NACA's records. Detail in the box below.

A workplace-conduct report involving a physician for the second consecutive period. On September 18 the Medical Director reported that a physician in his final weeks at NACA objected to seeing a scheduled annual-exam patient, citing continuity of care. When asked to see the patient as scheduled, the physician made a dismissive remark and called the Medical Director unprofessional. The physician then saw the patient. No patient was present for the exchange; three medical assistants are listed as witnesses.

A behavioral health patient complaint raised a care-transition concern. A patient evaluated August 17 was informed September 29 that the individual therapy requested was unavailable at NACA and that a higher level of care with wrap-around support was indicated. The patient expressed dissatisfaction with the delay. Review and follow-up remain in progress, with an update anticipated in the November report.

Reporting discipline remains the systemic finding. On two of the three incident forms the supervisor review section is blank, and on the third the reporter also signed as supervisor. One form was signed nine days after the event, outside the 24-hour standard. Another was completed on a reused copy of an earlier form that still carries crossed-out text from an unrelated report. These incident-reporting gaps were also noted last period and are among the issues the move to Relias Incident Pro is intended to address.

An employee complaint regarding PTO donation processing was received September 11 and has been resolved. The review also identified a process gap: the employee used a patient complaint form because an appropriate employee grievance form was not available. In response, QI & Compliance completed a dedicated employee grievance form and will share it with Human Resources and relevant staff to establish the appropriate channel for employee concerns. Any related policy or procedure changes will be reviewed separately.

Patient Safety Indicators

Indicator	This Period (Sep 9 – Oct 14)	Prior Period (Aug 13 – Sep 8)
Medication errors	0	0
Patient injuries at facility	0	0
Vaccine adverse events	0	0
Emergency transfers (EMS / ER)	1 (<i>staff; treated and discharged</i>)	0
Mandated reports filed (DCS / FPD / Sheriff)	0	0
HIPAA / PHI incidents (NACA)	0 (<i>see NAU item</i>)	0
Staff injuries	1	0
Patient complaints / grievances received	1	1
Employee / documentation incidents	2	3
Patient behavior / safety events	1 (<i>vendor; off-site</i>)	2
Facility security events	0	1
Workplace conduct reports (staff-to-staff)	1	2 (<i>one distinct event</i>)
External compliance notifications	1	0

Indicator rows are not mutually exclusive and do not sum to the total entry count. U.S. Park Rangers responded to the October 1 assault; that is a law-enforcement response, not a mandated report.

External Notification — NAU Institutional Review Board: Noncompliance

On October 5 the NAU Institutional Review Board notified NACA's CEO that an NAU study involving NACA participants, *SCC-PG: Just in Time for Patients with Chronic Heart Diseases in Arizona Tribes*, was found in noncompliance with federal regulations, university policy, and the approved protocol. NAU learned of the problems when a member of the research team came forward. Findings relevant to NACA participants: participant names were used in public settings; information not approved by the IRB was given during consent; research data were moved to an unapproved platform, and people no longer on the project kept access; and required reports to the IRB were not filed on time. Data collection had already ended.

NAU suspended the study, required all data to be moved to an approved secure environment (completed), and reported the matter to federal oversight authorities. It also reprimanded the principal investigator and restricted his research: no human-subjects research for one year, no research requiring tribal consultation review for three years, and no dissemination of study results except to return data for tribal data oversight and to report to the NIH oversight board.

NACA's position and follow-up. NAU has confirmed in writing that no action is required from NACA. The principal investigator met with NACA representatives in July 2026 to review the concerns and the corrective actions he described. At the CEO's direction, QI & Compliance is requesting written copies of the corrective action plans and will confirm: (1) what NACA participant data were involved and where they now reside; (2) whether any NACA-held patient information was shared with the study, which determines whether NACA has its own breach-assessment obligation; and (3) how NACA participant data will be returned or destroyed under tribal data oversight. The CEO will keep the Board informed.

Recommendation. Confirm that every research partnership involving NACA patients or participants has a current research or data-use agreement on file, names a NACA point of contact, and requires the partner to notify NACA QI & Compliance promptly of any IRB action.

Corrective actions & follow-up. The October 1 adverse incident remains under review, with root cause analysis due November 13. The workplace conduct report, Behavioral Health complaint, and NAU documentation request remain under follow-up. The September 11 PTO donation complaint has been resolved. Incident tracking will transition to Relias Incident Pro at the planned January 1 go-live.

Carried forward from last period. The August 18 call in which a patient was verbally abusive to front desk staff and threatened to come to the clinic is closed: the patient did not come to the clinic, his therapist addressed the behavior with him directly, and he apologized. The September 2 physician–medical assistant altercation (two reports) remains open pending completion of the Human Resources review; the physician has since left NACA.

Section 4 — GPRA Performance Report

Source & period. Final GPRA 2026 reporting-year results — **October 1, 2025 through September 30, 2026** — from the NextGen pull of the Native GPRA patient population (pulled October 14, 2026). These are year-end figures, not an in-year snapshot.

New reporting cycle. GPRA 2027 began October 1. Starting with the November report, the table will show the new year's figures, which reset and build over the year. The Board should expect early-cycle results to sit well below these year-end numbers. That is the normal shape of the cycle, not a decline.

Measure	IHS Target	Prior Yr	Sept Report (9/4)	FY26 Year-End	Δ vs. Sept	Target Status
Access to Dental Services	27.8%	0.1%	0.0%	0.0%	—	Not Met
Adult Immunizations Comprehensive	39.0%	25.4%	24.1%	24.2%	+0.1	Not Met
Adult Influenza Immunization	21.0%	13.2%	8.8%	10.3%	+1.5	Not Met
Alcohol Screening	36.0%	48.4%	43.1%	45.1%	+2.0	Met
Cancer Screening: Mammogram Rates	40.5%	36.4%	34.8%	36.0%	+1.2	Not Met
Cervical Cancer Screening	35.6%	12.8%	11.6%	11.6%	—	Not Met
Child Influenza Immunization	18.3%	14.1%	10.3%	10.6%	+0.3	Not Met
Childhood Weight Control (<i>inverse — lower is better</i>)	22.0%	100.0%	100.0%	100.0%	—	Not Met
Colorectal Cancer Screening	24.6%	9.9%	11.1%	12.3%	+1.2	Not Met
Controlling High Blood Pressure (Million Hearts)	48.2%	21.8%	25.2%	26.9%	+1.7	Not Met
Dental Sealants	11.8%	1.7%	0.0%	0.0%	—	Not Met
Depression Screening: Age 18 yrs and older	39.6%	49.8%	39.2%	41.8%	+2.6	Met
Depression Screening: Ages 12–17 yrs	36.1%	64.4%	56.9%	64.9%	+8.0	Met
Diabetes Glycemic Control (<i>inverse — lower is better</i>)	12.1%	32.4%	33.8%	32.9%	–0.9 (better)	Not Met
Diabetes: Blood Pressure Control	57.5%	68.9%	76.1%	73.7%	–2.4	Met
Diabetes: Nephropathy Assessment	44.8%	27.0%	45.1%	46.1%	+1.0	Met
Diabetic Retinopathy	47.6%	28.4%	45.1%	46.1%	+1.0	Not Met
HIV Screening	43.4%	3.0%	3.0%	3.0%	—	Not Met
Intimate Partner & Domestic Violence (IPV/DV) Exam	30.5%	12.4%	13.0%	12.8%	–0.2	Not Met
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	17.9%	0.0%	0.0%	0.0%	—	Not Met
Statin Therapy — CVD Prevention and Treatment	36.9%	35.0%	42.1%	40.9%	–1.2	Met
Statin Therapy — CVD Risk in Patients with Diabetes	52.6%	39.5%	59.3%	60.7%	+1.4	Met
Tobacco Cessation	27.5%	9.3%	20.0%	25.0%	+5.0	Not Met
Topical Fluoride	28.4%	0.0%	0.0%	0.0%	—	Not Met

Prior-year figures are the rolling comparator carried in the September report. Childhood Immunizations Comprehensive is not shown: no eligible patients this year (0 of 0).

Performance overview. NACA closed GPRA 2026 with **7 of 24 measures at or above the IHS target**, matching NextGen's year-end dashboard count. Adult depression screening moved back above target in the final weeks of the year (41.8% against 39.6%). Diabetes care is the year's clearest improvement story: against the prior year, nephropathy assessment rose from 27.0% to 46.1%, retinopathy from 28.4% to 46.1%, statin therapy for patients with diabetes from 39.5% to 60.7%, and diabetes blood-pressure control from 68.9% to 73.7%. Tobacco cessation nearly tripled, from 9.3% to 25.0%. Immunizations and women's cancer screening finished the year below where they started.

Correction to the September report. Childhood Weight Control is an inverse measure, where lower is better: it tracks the share of young children at or above the 95th BMI percentile. The September report listed it as Met. At 100% (2 of 2 children) it is Not Met. On the corrected basis, September stood at 6 measures met, so the year closed one measure better.

Improvement & attention call-outs

- **Three measures missed target by a handful of patients.** Diabetic retinopathy finished 2 patients short (35 of 76; 37 needed). Tobacco cessation finished 5 patients short (48 of 192; 53 needed), and so did mammogram screening (40 of 111; 45 needed). These are the most reachable gains for GPRA 2027.
- **Tobacco cessation was the strongest late-year climb.** It rose 5.0 points in the final month, finishing at 25.0% against a 27.5% target.
- **Adolescent depression screening finished strong.** It rose 8.0 points to 64.9%, well above the 36.1% target.
- **Influenza immunization is the near-term opportunity.** Adult (10.3%) and child (10.6%) influenza both finished below the prior year. The 2026–27 flu season is now open and counts toward GPRA 2027.
- **Colorectal cancer screening improved but remains about half of target.** It finished at 12.3% (51 of 416), up from 9.9% the prior year, against a 24.6% target. The active study is described in Section 5.
- **Structural and workflow zeros.** The three dental measures (Access to Dental Services, Dental Sealants, Topical Fluoride) sit at 0% because NACA does not offer dental services; these IHS measures cannot be removed from the set. SBIRT (0%) and HIV screening (3.0%) are different: they are workflow and documentation gaps that NACA can address.

Reading the glycemic control line — now reconciled. The year-end NextGen breakdown of the 76 patients with diabetes explains why two figures have been reported:

HbA1c level	Patients	Share
Below 7	32	42.1%
7.0 – 7.9	13	17.1%
8.0 – 8.9	7	9.2%
9 or above	16	21.1%
No A1c test on file	10	13.2%

NextGen's category counts total 78 against a denominator of 76, so two patients appear in more than one category.

The submitted GPRA measure (**32.9%, 25 of 76**) counts patients above 9 **and** patients with no A1c test on file. The PIP #1 study tracks only the patients above 9 (**21.05%, 16 of 76**). The gap between the two figures is almost entirely the 10 untested patients.

Section 5 — Quality Studies, SMART Goals & PDSA

Current SMART Goal Status

Study	Stage	Baseline / Current	Target	What it still owes
A1c Glycemic Control	Active	21.05% above 9 (16/76) at GPRA year-end 9/30; 21.13% on 9/8	18% interim → IHS 12.1%	Continue Cycle 2 outreach; test the 10 patients with no A1c on file
Colorectal Screening	Baseline pending	12.3% GPRA year-end (51/416)	Toward IHS 24.6%	Validated denominator from FIT-kit / GI-referral work; numeric interim target
Annual Wellness Visits	Baseline validated	14.82% (59/398)	25% → 50%	Capture spot-check on the 339 not-meeting patients; subcommittee structure
No-Show Reduction	Active	14.1% Clinic in-person (2026, pre-Luma); August 12.2%	≤ 10.6% by Jun 2027	Full re-measure once a post-September data pull is available
Patient Satisfaction	Restoring	n = 24 this cycle (Section 6)	Restore + expand	SMART goal pending until electronic capture volume supports a stable measure
Cybersecurity (potential 6th)	In development	—	Metrics proposed	Not ratified as a PIP; baseline still to develop

Glycemic Control (A1c above 9) — PIP #1 year-end re-measure. The above-threshold cohort finished the GPRA year at **21.05% (16 of 76)**, essentially flat from 21.13% (15 of 71) on September 8. The 18% interim target was not reached; three fewer patients above 9 would have met it. Cycle 2 clinical outreach opened in September, so three weeks was too short a window to

expect measurable movement. The year-end breakdown in Section 4 points Cycle 2 at two groups: the 16 patients above 9, and the 10 patients with no A1c on file.

No-Show Reduction — PIP #2. The September report anticipated the first formal re-measure this month. The only reconciled data available runs through September 7; a fresh pull is waiting until the HIM/IT staff member returns from leave, so the full re-measure moves to the November report. What the data does show:

Location	August 2026	Jan – Aug 2026	Monthly range (Jan – Aug)
Clinic — in person	12.2% (45 / 369)	14.2% (389 / 2,733)	10.2% – 19.1%
Behavioral Health — in person	14.2% (45 / 316)	15.9% (378 / 2,381)	7.4% – 24.5%
Behavioral Health — telehealth	16.4% (34 / 207)	18.6% (299 / 1,606)	9.0% – 41.8%

Clinic telehealth volume is too small to report (one to seventeen visits a month). The report's September columns cover September 1–7 only and are excluded.

The Clinic in-person rate in August (12.2%) was the lowest since April and below the 14.1% baseline, but one month is not yet a trend and the year-to-date rate (14.2%) still sits at baseline. The $\leq 10.6\%$ target is for June 2027.

HIM & Technology Updates

- **Luma** — BAA in place; operational follow-up continues. The Business Associate Agreement for approved messaging workflows is executed, and AG 410 is before the Board. NACA continues to experience issues with Luma and will monitor performance, considering further action if problems persist. The interface manager is temporarily on leave.
- **Relias** — implementation under way. Go-live is planned for January 1, 2027. Competencies for Behavioral Health, Custodial, Health Promotions and Clinic have been completed through HealthStream; other departmental competency programs are still being developed.
- **NextGen 8.4 — go-live October 29.** Hands-on practice is under way for the front desk, providers, nursing and billing/coding. The first session was uneven because the application was not yet installed on every user's computer; training repeats October 15.
- **Device security** — policy-to-practice review. Some laptops may not have the encryption described in HIM documentation. QI & Compliance will confirm actual device protections with TeamLogic, evaluate appropriate encryption and recovery options, and clarify expectations for equipment that does not need to leave NACA premises. HIM 220 and its device acknowledgment will reflect verified practices and required protections.
- **Website security.** Following September's unauthorized "proof of access" post, the IT vendor advises that a repeat is likely until the website software is updated. Leadership is exploring bringing the website in-house through a developer meeting.

Performance Improvement Projects (PIP) Roster — 2025–2026

PIP	Quality Activities
PIP #1	Expand chronic disease management for diseases prevalent in the Native population — A1c compliance study, Diabetic Education Program, increase retinopathy exam completion, diabetic chart reviews (peer review integration).
PIP #2	Reduce the No-Show Rate — reminder systems, pre-registration/check-in, patient education, and data collection on cancellations/reschedules/no-shows.
PIP #3	Enhance Safety Compliance & Emergency Program — staff training on emergency response/safety/compliance, sustain training platform, additional training opportunities, emergency drills.
PIP #4	Use GPRA, UDS, and other measures to improve outcomes — A1c study, annual-wellness-visit completion, and additional benchmarked measures.
PIP #5	Expand Integrated Care Models — care coordination, data-driven gap closure, cross-sector initiatives.

Special QI Studies — Medication-Assisted Treatment (Vivitrol)

The October 8 meeting examined a possible NACA medication-assisted treatment service using injectable naltrexone (Vivitrol) for alcohol use disorder maintenance, not acute withdrawal management or opioid treatment. Participants discussed patient need, medication storage and transportation, staff training, scope and staffing, billing/reimbursement, and coordination between Behavioral Health and Medical Services. No implementation approval or formal committee-to-Board approval pathway was established because key Medical/Operations decision-makers were not present. Further multidisciplinary discussion is anticipated in January 2027 before decisions on implementation or policy.

Section 6 — Patient Satisfaction

Overall satisfaction trend. For the **September 9 – October 15** window the cohort is **n = 24**: 19 electronic responses and 5 paper surveys, the largest recent cycle. Responses span the Family Health Center (17) and Behavioral Health (7). Overall satisfaction averaged **4.80** on a 5-point scale across all rated items, compared with 4.77 the prior window. Paper items were matched to the same domains as the electronic survey; the paper form does not ask about cultural respect or health literacy, so those rows reflect electronic responses only. Small samples remain an important limitation when interpreting month-to-month movement.

Domain	n	Avg	Prior window	Read
Access / ease of getting care	24	4.7	4.9	Solid — softened
Provider communication & time	24	4.9	4.6	Strong — recovered
Staff courtesy & responsiveness	24	5.0	4.7	At ceiling
Facility — clean, safe, easy to navigate	23	4.8	4.9	Strong — one specific report (below)
Privacy & confidentiality	23	4.9	4.8	Strong
Culture & traditions respected	19	4.8	4.9	Strong (electronic only)
Cost / billing fairness	23	4.6	4.6	Steady — one outlier (below)
Likelihood to refer	23	4.9	4.8	100% favorable (≥4)

Key Insights

- **Every respondent would refer NACA to friends and family.** All 23 who answered rated likelihood-to-refer 4 or 5, up from 92% favorable.
- **The provider domain recovered.** It returned from 4.6 to 4.9 after last cycle's dip, which was driven by two respondents. Patients specifically named listening and personal attention from doctors and nurses; paper respondents wrote "The people. Great vibe, felt cared for" and "They are very friendly and polite."
- **One cost outlier.** One paper respondent rated all three payment items 1 (Poor) while scoring every other item 5 and writing "None" under what they like least. With a cohort this size, that single form moves the cost domain from 4.7 to 4.6; it may be a marking error, but it is reported as given.
- **Patient suggestions.** One respondent asked for Saturday hours; asked about transportation, one would use a NACA service and one would not.
- **Staff go beyond the expected.** One family reported that staff brought a flu shot out to the car when the patient could not be brought into the clinic. Friendliness was the most common "what we like best" theme.
- **One specific facility report.** A Behavioral Health respondent reported having to alert staff to a soiled restroom. This single report accounts for most of the facility softening and has been routed for custodial follow-up.
- **Access softened slightly,** from 4.9 to 4.7. Lower scores clustered on waiting-room and exam-room time rather than on getting an appointment.

Health Literacy

Item	This cycle	Prior cycle
Understands what a medical home is	53%	77%
Knows where to get emergency care	74%	100%
Knows where to get urgent care	84%	100%
Knows how to access medical records	79%	92%
Knows provider availability	74%	92%

Health-literacy items appear only on the electronic survey (n = 19). Results fell this cycle, and the drop is concentrated. Three respondents answered "no" to nearly every literacy item; two of them were Behavioral Health patients, including one seen by telehealth. Patients whose care is mainly behavioral health or virtual may not receive the clinic's orientation to the medical home, urgent care and records access. That points to a targeted fix — a short literacy touchpoint in the Behavioral Health and telehealth workflow — rather than a clinic-wide problem.

Section 7 — Peer Review

Cadence & status. Peer review follows the Medical Executive Committee quarterly chart-review cycle. Q1 and Q2 2026 reviews (30 charts) were returned by the Medical Director in September. Reviews for the departing physician's panel remain to be completed; Q3 results are also pending.

Next due. The September report anticipated presenting the full Q1–Q2 analysis this month. The analysis and the review session with the Medical Director and the medical providers have not yet been completed. Because that session belongs before board-level reporting, results will be presented in the **November report**. Behavioral Health chart reviews will follow the same sequence: analysis, review with the providers, report, and filing for surveyor review.

Section 8 — Emergency Management & Safety

Monthly Hazard Surveillance Rounds

September hazard-surveillance rounds were completed September 29 by QI & Compliance with the Director of Operations, alongside the Q3 Infection Control quarterly audit. Eleven new findings were identified (ten at the Family Health Clinic and one in Medical Records), including two deficiencies. The Infection Control audit scored 95% (87 of 92). October rounds are planned by month-end.

Suite 50 life-safety improvements completed. The exit sign was installed by a licensed electrician, who also repaired two hallway lights. Fire extinguishers have updated inspection tags, and new paper-towel dispensers have been installed throughout NACA. The clinic eyewash station has also been re-certified.

New this month. Eleven new findings: ten at the Family Health Clinic and one in Medical Records. Two are Deficiencies, described below. The Near Compliance items include an expired copy of the CLIA laboratory certificate posted in the lab (the current certificate is on file; a printed copy is being posted until the original arrives), floor cleaner in spray bottles being used on surfaces where disinfectant wipes are required, a filter line pulled loose from the wall with an exposed screw, a breakroom microwave that cannot sit securely on its shelf, a loose cabinet, trash cans needing pressure washing, a stained ceiling spot in a staff office, and two cardboard-storage items addressed below.

Two new Deficiencies, both at the Family Health Clinic. Exam Rooms 6 and 7 have a recurring ceiling leak: Exam 6 had a newly saturated tile at the time of rounds, and the Exam 7 leak has returned despite prior sealing. The source is unresolved — the roofing and HVAC contractors each attribute it to the other, and an AC drain pan in the area had previously rusted through. Separately, a sharps container in the vaccine room was filled above the fill line; Nursing is replacing it and reinforcing change-out at three-quarters full.

Update since rounds — roof leaks. Exam Rooms 6 and 7 are intermittently unusable when rain causes ceiling saturation and water intrusion; they return to use when conditions allow and affected ceiling tiles are safely addressed. At the October 14 conversation, landlord Mike described the challenges of tracing leaks in a flat roof, including water movement away from the point of entry, and confirmed that Noah's Ark remains his preferred contractor after approximately 15 years of work. Potential vent-related entry points will be examined. Annual heat-tape checks were reported complete. At the October 15 Directors' meeting, medical staff described disruption to examinations and requested escalation; the possibility of an independent assessment or formal notice was raised. A more extensive contractor review was expected the following Monday, but its completion and results have not been confirmed. A dye test has been suggested.

Repeat findings — cardboard storage. Two findings repeat earlier cycles: copy paper stored in original shipping boxes in Medical Records (a repeat of an item closed in July, which ends the zero-open status reported for Medical Records last month), and nursing glove cases in cardboard on the floor (a repeat of the Q2 infection-control audit). Both stem from how deliveries are received rather than from any one department. Recommendation: a standing receiving rule, owned by Facilities — deliveries are unboxed onto shelving the day they arrive, and shipping cardboard does not stay in clinical or records areas.

Open Deficiency items (6)

Carryover watch — moisture and clinical access. The recurring Exam 6/7 leaks remain the principal facilities concern because wet ceiling tiles and water intrusion can interrupt patient appointments and raise infection-control and safety concerns. Other ceiling stains are monitored. Leadership raised the need for a timely, effective resolution while the landlord maintains confidence in his longstanding contractor. The next contractor findings and NACA's escalation options remain to be documented.

Other rounds observations. The Q3 Infection Control quarterly audit scored 95% (87 of 92), with hand hygiene, logs, employee knowledge, and terminal cleaning at 100%; supply and storage was lowest at 86%, driven by the cardboard findings above. Fire extinguishers were reviewed and are tagged at all buildings, the clinic eyewash station has been re-certified, and the Wellness Center AED received its scheduled PSE update in September. Exit signage, emergency lighting, and egress paths were verified across all buildings. Clinic supplies reaching expiration on September 30 were flagged and swept by Nursing, and staff were reminded that opened single-use supplies are discarded. The outdated Patient Rights & Responsibilities posting in the clinic (#62)

will be replaced once the revised version is approved and reprinted. The follow-up log, print copy for Facilities, completed September rounds instrument, and Q3 IC audit are available on request.

Drills, Inspections & Plans

- **Fire extinguisher training.** Staff fire-extinguisher training will be repeated with the Flagstaff Fire Department; the training extinguishers have been kept for that purpose.
- Suite 50 fire inspection — next step. With the exit sign installed and fire extinguisher tags updated, NACA can now request the Flagstaff Fire Department's Suite 50 inspection.
- **Standing calendar.** NACA-wide fire drill due November. 2026–2027 Risk Management Program presented for approval this month (Section 2). Cyberattack/ransomware response plan in progress (Section 5).

Section 9 — Committees & Governance

QI Committee. The QI Committee met September 24 and reviewed the October HR policy package, supervision and other quality/compliance matters, and notary-program ownership. Outstanding recommendations will be followed through appropriate leadership channels.

QI Committee next steps. Staff influenza vaccination requirements (HR 211) — QIC review and recommendation.

Patient grievance (GRV-2026-001) — closed. The written final decision on the August 21 grievance was sent by certified mail, and the return receipt was signed September 19. The patient did not attend the follow-up appointment offered with an alternative provider and has not responded since. The QI Committee formally closed the grievance on September 24; the patient's appeal rights to ADHS were preserved.

Other committees. The Medication-Assisted Treatment discussion met October 8 (Section 5). The Workplace & Community Support Committee met October 7 and next meets November 3. The Grants Committee met September 29 and is defining how applications are screened and approved before work begins.

Items before the Board this meeting.

- HR policy manual — October 2026 annual review (65 items; Summary of Changes and redline attached)
- AG 410 — LUMA Broadcast Messaging & Patient Communication (new)
- BIL 430 — Provider Enrollment & Payer Credentialing (new)
- RR 130 — HIPAA Notice of Privacy Practices (revision)
- MR 400 – MR 500 — Medical Records policies (11 revisions; Summary of Changes attached)
- MS 665 — Provider Coverage (new)
- 2026–2027 Risk Management Program (annual approval under the IHS contract)
- QI & Technology Modernization Coordinator — new 1.0 FTE grant-funded position (TRAIHMI subaward; job description attached)
- Interim Adverse Incident Summary Report — October 1 off-site staff assault (attached)

Adverse Incident Summary Report — Employee Injury, October 1, 2026

Interim report to the Board of Directors · Prepared by Francisco Rendon, QI & Compliance Director · October 15, 2026

An Economic Development Program employee was physically assaulted by a vendor at a Grand Canyon site on October 1, 2026. The employee was treated and has returned to work. The review is open, with root cause analysis due by November 13, 2026.

Date and time	Thursday, October 1, 2026, about 2:00 p.m.
Location	Navajo Point, Grand Canyon National Park (Economic Development Program site)
Event type	Employee injury: physical assault by a third party (program vendor)
Reported	Incident report submitted by the employee's supervisor, October 1, 2026
Law enforcement	U.S. Park Rangers responded and took the employee's statement
Classification	Grade III Adverse Incident (QRM 320 §VI); reviewed on the Grade I/II timeline
Potential Compensable Event	Yes (QRM 300A §3)
Prepared by	Francisco Rendon, QI & Compliance Director
Report status	Interim; final findings to follow the root cause analysis

The employee is not named, and injury details are limited to what the Board needs (HR 401 §III.C).

Summary of the Incident

The employee stopped at Navajo Point after noticing a vendor selling jewelry at a location where selling is not permitted. The employee approached the vendor alone and asked him to leave. The vendor became verbally hostile.

When the employee repeated the request and said law enforcement was coming, the vendor struck him and caused physical injuries. The vendor then left the area. U.S. Park Rangers responded and took the employee's statement.

The employee's written statement notes that he understood he was expected to contact law enforcement rather than approach the vendor. That expectation is not written in any NACA policy or procedure.

Immediate Response

NACA's same-day reporting worked as designed. The open items are the law enforcement record and the vendor notice.

Date	Action	Status
October 1	Supervisor submitted the incident report the same day (QRM 310A)	Complete
October 1	Employee treated at the emergency department and discharged	Complete
October 1	U.S. Park Rangers responded and took the employee's statement	Complete
October 2–5	Return-to-work note received and filed confidentially with HR	Complete

Date	Action	Status
October 5	Employee's written statement obtained	Complete
October 5	Vendor's program privileges revoked	Decided; vendor notice [confirm status]
October 6	Employer's Report of Industrial Injury filed with the carrier and the Industrial Commission of Arizona (A.R.S. 23-908)	[confirm filed]
—	Park Service case number and incident report	[confirm status]

Whether to press charges or file a workers' compensation claim is the employee's decision. NACA supports him either way.

Classification and Review

The incident is classified Grade III and reviewed on the stricter Grade I/II timeline, because the policy's grades do not address employee injuries.

QRM 320 defines Adverse Incidents and Grades I–II around patients and health care encounters. The closest literal fit is Grade III, an event “creating risk for NACA.” Given the physical injury, law enforcement involvement, and claim exposure, QI is applying the Grade I/II steps:

Step (QRM 320A)	Due	Status
Adverse Incident Summary Report	October 8 (5 working days)	[confirm complete]
Root cause analysis, convened with the CEO	By November 13 (within 45 days)	In progress
Report of findings and recommendations to the Board	Next Board meeting after the RCA	Pending
Review by QIC acting as Safety Committee (HR 400 §III.G)	Next QIC meeting	Pending

The review examines NACA's processes, not individual fault. QRM 320 protects employees who report incidents from retaliation.

Preliminary Findings

The main contributing factor is a missing written process, not an individual decision. These findings are preliminary until the RCA is complete.

1. **No written field protocol.** Nothing tells Economic Development Program staff what to do when a seller is operating where they should not: whether to approach, whom to contact, or when to disengage. The expectation to call law enforcement was verbal only.
2. **No workplace violence policy.** NACA has no written procedure for violence or aggression by vendors, contractors, or visitors. AAAHC requires one (ADM.140.40), along with staff training on it (ADM.160.20). Annual mandatory training does not include it.
3. **Security procedures do not reach off-site locations.** HR 425 is written for the Flagstaff Health Center. It has no provisions for program sites or for barring a vendor or other third party.
4. **Injury-reporting duties are not in policy.** HR 401 does not mention the employer's 10-day injury report or the duty to give the employee carrier information under A.R.S. 23-908.

5. **Incident grades do not fit employee injuries.** QRM 320 has no classification path for employee injury or third-party assault.

Each finding is logged in the Policy Gap Tracker (GAP-SAF-07, SAF-01, SAF-02, SAF-05, SAF-04, QRM-08).

Corrective Action Plan

Eight actions remain open; the field protocol and training come first because they address the main contributing factor.

#	Action	Owner	Target	Status
1	Written notice to the vendor of revoked privileges, with the basis documented	CEO	[date]	[confirm]
2	Obtain the Park Service case number and incident report	Supervisor / Director; QI	[date]	[confirm]
3	Complete the root cause analysis	QI & Compliance Director with CEO	November 13, 2026	In progress
4	Field protocol for unauthorized sellers: observe and document, do not confront, contact the Park Rangers, check in with a supervisor	QI & Compliance Director with Community Development Director	Next QIC meeting	Not started
5	Train field staff on the protocol, de-escalation, and workplace violence response	HR Director with Community Development Director	30 days after protocol approval	Not started
6	Workplace violence and aggression policy covering vendors, contractors, and visitors	QI & Compliance Director	Next Board policy cycle	Not started
7	Revise HR 401 to add the A.R.S. 23-908 reporting duties and return-to-work steps	QI & Compliance Director with HR Director	Next Board policy cycle	Not started
8	Revise HR 425 (off-site security, barring a third party) and QRM 320 (employee-injury classification)	QI & Compliance Director	Next Board policy cycle	Not started

Items for the Board

This report is informational; no Board action is requested at this meeting.

- **Coming for approval:** a new workplace violence and aggression policy, and revisions to HR 401, HR 425, and QRM 320.
- **Coming as a report:** final RCA findings and recommendations, at the first Board meeting after November 13 (QRM 320 §IV).



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Monthly Meeting of the NACA Board of Directors

HIS Specialist Report – Sept 2026

Major Highlights

TempDev Projects

- Custom CHW Template
 - Moved to Production
- Custom HTN HPI Template
 - Moved to Production
- Custom DM HPI Template
 - Moved to Production
- Custom Reports
 - Chart Review Report → Pending review with Francisco
 - Customer Satisfaction Survey Report → Still in development

Sonora Quest CKD Batch Reporting Project

- CKD report is designed and being accepted by Sonora Quest
- Since they don't have an SFTP

340B Project

- 340B Report (from TempDev) is ready for export and data submission
- Sent data to Sky Advanced Solutions and proposal has been provided

Contexture – NextGen Share Message Testing

- Completed and is now live
- Receiving messages through Secure Messaging in NG Holding Tank for processing
- Automated SFTP member file being uploaded daily
- Waiting to see if updated member file will lower incoming messages



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NextGen Terminal Performance and/or Network Bandwidth

- Multiple aspects to this
 - Computer RAM upgrade hopefully to move forward → Completed
 - New Laptops for Dr. Nelson → Completed
 - TeamLogic to look into Clinic Wifi for better connection
- Put in a case with NG to also look at NACA assigned NextGen Terminals
 - They are scheduling an update and reboot of all terminals → Completed

NextGen 8 Upgrade

- Cassie held initial eLearning Training sessions to get staff started on what to expect for NG8 update
- Upgrade project call held 9/24
- Official Kick Off call scheduled 10/9

Major Challenges

Population Health – IHS Reporting

- Continuing to participate in THNC IHS Reporting and NextGen Beta Testing group
- Ongoing EHR configuration to better capture GPRA metric data
- IDA Reporting pending
- NDW Full Year Data submitted to IHS
- GPRA Full Year Data submitted to HIS
- GPRA IHS Urban Report to be filled out and manually via Excel sheet

Luma Project

- Go-Live 5/12/2026
- Continuing to identify workflow adjustments
- Cassie and Alika are helping with making adjustments and identifying issues
- Working on potential API integration to submit charges when certain screening tools are completed via Luma/IMH
- Continued issues are being identified and NG Tickets are being created to help resolve them
- IMH forms are now live and are being monitored for review/adjustments



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Workload (Risk Level: Normal)

	Total Tickets since Jun	Sept
Complete	35	6
Cust Reply Rec'd	1	1
New	12	2
Ticket Approved	4	
Timed-Out		1
Grand Total	52	10

- NextGen Ticket data to Sept 30
- We received 10 NG tickets in Aug averaging 16 tickets per month
- While we also receive messages directly we continue to try and address tickets as quickly as possible
- Timed-Out Ticket is regarding ongoing recurring SAP appts being created under former provider JYellowhair > Ongoing issue to be resolved



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Ongoing Projects & Strategic Goals

Luma Project

- Continuing to make adjustments to forms, messages and workflows
- Looking into possible API to submit screening charges when patient's completes on their end

NextGen 8 Upgrade

- SOF for upgrade generated and turned in for NACA signature
- Initial eLearning Sessions held to get staff started on what to expect
- Kick Off Call scheduled for 10/9

Population Health

- Continued data integrity audit and workflow adjustments

EPSDT Forms

- Transitioning over to EqualityHealth to work on

Custom Reports

- Working on building some custom reports for Verity

Patient Portal

- IntelliChart Demo held 9/25
- NG Patient Portal Demo to be scheduled



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Health Promotion & Wellness Center Program

October 2026 Board Report

Major Highlights

Tribal Practices for Wellness in Indian Country (TPWIC) grant objectives and strategies.

- The Fall Harvest event has taken place.
- Run 4 Renewal – the next cohort has started
- The Truth and Reconciliation Day events were completed.
- The Health and Culture fair is being planned.
- Girls on the Run 5k attendance is being planned.

Special Diabetes Program for Indians (SDPI) Program results

- Next-gen electronic records- we are building a Community Health Representative template to continue the Medicaid/ Medicare billable efforts.
- Ongoing clinical support is ongoing for foot checks, Retinopathy exams, physical education, and health education.
- Honor your Heart cohort been completed
- The Diabetes education class (DSME) cohort has been held.
- The final hike/ suicide awareness hike has been completed.
- What can I eat has started.

4 in 1 Grant

- HP is working to plan the next 6 months of school activities to be conducted at Pathways.



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Behavioral Health

September's #s for October 2026 Meeting-Board Report

Mental Health Contacts: Jan 566, Feb 524, Mar 612, Apr 642, May 595, Jn 650, Jy 615, Aug 616, Sept 699
Substance Abuse Contacts: Jan 249, Feb 243, Mar 312, Apr 330, May 236, Jn 294, Jy 252, Aug 295, Sept 248
New Intakes: Jan 55, Feb 53, Mar 77, Apr 77, May 53, Jn 66, Jy 59, Aug 61, Sept 52
Total Encounters: Jan 870, Feb 820, Mar 1,001, Apr 1049, May 884, Jn 1010, Jy 926, Aug 972, Sept 999

Major Highlights:

The Open House was obviously a highlight in September. I think all the planning that the committee put into hosting this event paid off. I think the event was well organized, well attended and really highlighted the services we provide in this organization.

We continue to meet with the BH NPs and the medical team to see how and what we can roll out in the future for MAT treatment provided by NACA.

I now meet monthly with the DOO and Billing Manager to discuss issues surrounding billing, Front office operations and what BH employees can help with or what we can improve upon.

I attended Hope Horizons Navigating Recovery for Arizona Families a one-day conference held locally.

I attended 13th Annual Tribal Conference: Unity in Action, Bridging Systems, Strengthening Communities at Twin Arrows.

I attended the Arizona Counselors Association Conference at the Willow Bend conference center in Phoenix.

I renewed my LPC license until 10-31-2028 and Supervision credentials until 9/30/2029.

Ongoing Projects:

- Participation on the QI/QA Committee ongoing
- Participation on the Medical Executive Committee ongoing
- Participation on Directors and Leadership Committee ongoing
- Conduct individual and group supervision weekly.
- Participation in the Employee Retention Committee.
- Participation in the Operations Committee.

Curtis Randolph PhD, LPC, Director of Behavioral Health

Monthly Revenue Cycle Dashboard

Board of Directors Report

Board of Directors Executive Dashboard

KPI	Goal	Current	Prior	Status
Clean Claim Rate	≥95%	94.0%	93.9%	☐ Green ☒ Yellow ☐ Red
Denial Rate	<10%	18.7%	16.9%	☐ Green ☐ Yellow ☒ Red
Net Collection Rate	≥90%	80.9%	81.8%	☐ Green ☐ Yellow ☒ Red
Average Days in A/R	<45 days	71 days	72 days	☐ Green ☐ Yellow ☒ Red
A/R >90 Days	<15%	63.3%	60.5%	☐ Green ☐ Yellow ☒ Red

Top Wins

- Several credentialing issues have been resolved, leading to more consistent reimbursement and correction of previous billing issues.
- We experienced a slight increase in the AHCCCS PPS Rate and are working to have this retroactively increased further.
- Full in-house Billing & Coding Team will allow us to address high-priority issues like high denial rate and A/R balances.

Challenges & Risks

Issue	Financial Impact	Mitigation Plan
Denial Rate >10%	Loss of revenue, hours spent correcting and rebilling claims	Analysis and correction of known billing issues, including QRM code denials
Average A/R >40 days	Loss of revenue due to Timely Filing Limits, hours spent collecting A/R balances	Assignment of a FTE to follow up on A/R balances, prioritizing claims at risk of TFL
Providers coming up on 3-year credentialing renewal	Reduced revenue if incorrectly re-credentialled.	Application of a new in-house credentialing process to track and complete as needed

Denial Dashboard

Metric	Current Month	Previous Month
Total Denied Charges	746	734
Denial Rate	18.7%	16.9%
Denials Recovered	27	62
Recovery Rate	3.5%	7.8%

Top 3 Denial Categories

Denial Reason	Percentage of All Denials	Trend from Previous Month
Missing/Invalid Data	48%	Down from 54%
Payer Guidelines	24%	Up from 19%
Coding	10%	Up from 5%

Financial Snapshot

Metric	Current Month	Prior Month	Variance
Gross Charges	\$325,163.07	\$334,502.13	-2.8%
Net Revenue	\$151,219.32	\$148,264.05	+2.0%
Adjustments	\$137,707.46	\$147,366.89	-6.6%
Insurance Collections	\$140,749.65	\$135,300.26	+4.0%
Patient Collections	\$10,469.67	\$12,963.79	-19.2%
Collection Rate	80.94%	81.84%	-1.1%

Denial Analysis

We are currently aware of increased denials from the following sources:

- Our Medicare Part A contractor does not accept Quality Reporting Measures (QRM) codes. A consistent system issue has been billing QRM codes to the Medicare Part A contractor, resulting in a higher denial rate for Medicare claims. We are working on a fix for this and should be eligible to rebill and collect on corrected claims from the past 12 months.
 - There are other system issues surrounding QRM codes resulting in incorrect billing to other payers. The “Missing/Invalid Data” denial category includes denials for QRM codes incorrectly splitting to separate claims, which will deny from any payer as an invalid claim. We are working to correct this and prevent future denials.
 - Some QRM codes are also being denied on claims that are otherwise paying for clinic services, which could result in a higher denial rate by charge. We are investigating ways to prevent this to avoid incorrect reporting data.
- Recent issues with provider credentialing have also resulted in higher denial rates. A lapse in Cori Perkins’ credentialing with AHCCCS resulted in her claims denying for 2026. This credentialing issue has been corrected and her claims rebilled – we should be receiving payment for these before the end of the year.
 - In-house credentialing processing will allow us to avoid these issues going forward.

Accounts Receivable Snapshot

Aging Bucket	Balance	% of Total A/R
0-30 Days	\$136,112.10	18.3%
31-60 Days	\$67,582.18	9.1%
61-90 Days	\$69,157.54	9.3%
91-120 Days	\$73,824.13	9.9%
120+ Days	\$397,038.65	53.4%

A/R Over 90 Days Goal: <15%

Current: 63.3%

Trend: Up 4.6%

Known issues that may be contributing to this A/R balance include long-term lack of staffing. A/R rates decreased in 2025/2026, corresponding to an increase in staffing. I expect to see this ratio decrease now that we are fully staffed in-house and able to assign work hours to high priority A/R balances.

Compliance & Audit Monitoring

Area	Status and Remarks
HIPAA Billing Compliance	No issues reported. All Billing procedures follow HIPAA compliance.
Coding Audits	New and returning providers require some additional attention. Meetings have been scheduled to address and correct issues as they arise.
Documentation Reviews	Documentation has been largely complete. We have identified action items surrounding Nurse Visits and vaccinations and are working to correct these.
Overpayment Reviews	Current overpayment balance is approximately \$12,700. Recoupments are being initiated as able, and manual refunds may be necessary to correct older balances.
Government Audits	We are currently preparing for an AHCCCS audit due 11/25.

Significant Findings

- Not all Nurse visits were being completed with a “Master IM”, a document used to formally summarize a visit. Staff is being trained to complete these correctly going forward.
- Insurance overpayments have been increasing over time. With full staff, we can address and correct these balances.
- The AHCCCS audit may see us collecting payment for claims previously left unpaid. More information will be forthcoming as we complete this audit.

Staffing & Productivity

Metric	Current	Notable and Upcoming Changes
Billing FTEs	4	New BPM, New In-House Coder
Open Positions	0	Team is considered fully staffed for the foreseeable future
Staff Turnover	None	None
Claims Processed	1056 in September	Down from 1350 in August

Staff Trainings

- Alika will be obtaining Certified Professional Biller (CPB) and Certified Professional Coder (CPC) certificates.
- Elena possesses a CPC and will be maintaining this certification going forward.
- Kayla's CPC is valid until 2027.

Staff Travel

- Alika will be attending NextGen User Group Meeting 2026 from 11/8-11/11.

Strategic Improvement Projects

Project	Status	Progress
Denial Reduction Initiative	In Progress	<p>Working to correct known issues surrounding QRM codes, credentialing issues, and other known payer denials.</p> <p>We continue to monitor claims for QRM denials and applicable corrections.</p> <p>I have personally taken over provider credentialing and documentation.</p> <p>We continue to monitor and correct claims denied for other payer denials. Examples include incorrect coding and split claims.</p>
Patient Collections Program	In Progress	E-Statements being issued to keep patients informed of balances. Luma Platform allows easier payments via text or email. Full staff allows for time devoted to patient collections.
Claims Editing Optimization	In Progress	In-house coder expected to be more responsive to communications and coding needs.

Miscellaneous Items

- The Billing & Coding Team is relocating to Suite 18 to keep in compliance with HIPAA regulations. Expected move date is 10/21.
- All teams continue to prepare for the NG8 upgrade. Both Billing and the Front Desk teams are regularly practicing with and attending training on NG8 to ensure a smooth transition to the new system.
- Luma is working as intended. 52.2% of patients respond to Luma messaging, including form completion. We have collected \$2,157 in payments via Luma. Broadcasts are pending approval to reach patient populations that require attention – such as mammogram or annual wellness visit patients.