NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services
Health Care Advisory Region (HCAR)
Application Form - Ancillary Provider

NEBRASKA
RURAL HEALTH TRANSFORMATION

The Health Care Advisory Regions (HCARs) will provide structured, region-specific health care insight and coordinated input to the Rural Health Transformation (RHT) program. The HCARs ensure that RHT initiatives are informed by local health care delivery realities, workforce conditions, infrastructure capacity, and community needs, while remaining aligned with statewide priorities and DHHS program requirements. Please note that this is for a non-voting member seat. For further information please visit https://dhhs.ne.gov/Pages/Rural-Health-Transformation.aspx

Contact Information	
Name:	
Credentials (if applicable include license number):	
Title/Role:	
Organization Name:	
Primary Practice or Service Location:	Health Care Advisory Region for which the individual is being nominated:
Phone Number:	Email Address:

Committee Membership Details
Briefly describe: • Experience serving on boards, commissions, or advisory groups • Involvement with regional collaborations or networks • Ability to represent system-level perspective beyond a single organization • Association to Critical Access Hospital (CAH) or Local Health Department

Provide a brief description (4-6 sentences) of the nominee's rural service experience, including:

- Counties served
- Approximate percentage of rural or frontier patients (if applicable)
- Nature of rural service delivery (e.g., audiology, optometry, social work, etc.)
- Experience addressing rural access or workforce challenges

Why are you interested in serving in this Health Care Advisory Region?

What skills and/or experience do you feel would make you a valuable member?

How did you hear about the HCAR?

- ☐ Email or newsletter
- ☐ Community organization
- ☐ A friend or family member
- ☐ Current or past HCAR member
- ☐ Other

Please review the HCAR Member Guidelines on the fourth page of this application.

Send your completed application to DHHS.RHTP@nebraska.gov.

HCAR Member Guidelines

Purpose - Rural Health Transformation (RHT) Health Care Advisory Regions (HCARs) are established to provide structured, region-specific health care insight and coordinated input to the RHT program. The HCARs ensure that RHT initiatives are informed by local health care delivery realities, workforce conditions, infrastructure capacity, and community needs, while remaining aligned with statewide priorities and DHHS program requirements.

Six HCARs will be established across the State to ensure consistent, geographically grounded engagement and strengthen two-way communication among DHHS, providers, and regional stakeholders.

Composition - Regional Structure

- Six Health Care Advisory Regions are aligned to defined geographic boundaries and rural economic development regions.
- Each region includes both voting and non-voting members to balance formal representation with broad subject-matter expertise

Voting & Non-Voting Members

- Voting members represent defined provider types and stakeholder categories critical to regional health care delivery
- Non-voting members provide subject-matter expertise, implementation insight, or cross-sector perspective

A standardized list of eligible provider types for voting and non-voting participation will be maintained by DHHS.

Expectations - As a member of the HCAR we expect you to:

- Come to meetings prepared to share your thoughts and ideas.
- Identify regional health care access, workforce, and infrastructure needs.
- Provide a regional perspective on initiative readiness, feasibility, and sequencing.
- Offer recommendations on how initiatives may be tailored to regional conditions.
- Support coordination among regional providers, partners, and stakeholders.
- Identify emerging challenges, risks, and opportunities during implementation.
- Communicate observed regional impacts and outcomes back to DHHS.
- Inform the council of any potential conflicts of interest and refrain from voting on those issues.

Compensation – Service on the HCAR is voluntary and uncompensated.

Time Commitment - During early implementation, HCARs will meet every other month (approximately six meetings per year). Meetings are expected to last 2–3 hours, with 1–2 hours of preparation per meeting for review of materials.

Members should anticipate approximately 18–30 hours of annual commitment, with occasional additional time for regional outreach or follow-up between meetings as needed.

Meeting cadence may be adjusted as the program matures.

Service Term & Structure - Members serve a two-year term. To ensure continuity throughout the life of the RHT program, initial terms will be staggered, with approximately half of the members serving an initial three-year term to establish rotation. After the initial cycle, all appointments will be for full two-year terms. Members may serve up to three consecutive terms.

Governance & Public Meeting Expectations - HCAR meetings operate under the Nebraska Open Meetings Act. Meetings are publicly noticed, open to the public, and part of the public record. Public comments are permitted, and meeting minutes are maintained.

Members should be comfortable participating in structured public discussion and engaging respectfully across provider types in an open forum. At least 50% of meetings will be held fully in person.

HCAR members serve in an advisory capacity only and do not assume fiduciary or financial liability for RHT program decisions.