HCAR
Meeting Minutes – Session 2

Table of Contents

HCAR Meeting Minutes — DRAFT

Western Health Care Advisory Region — Session 2: What's True in Our Region

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

DRAFT for HCAR review. Mover and seconder names on some motions are being confirmed and will be inserted if located before finalization. The NE DHHS presentation is summarized inline pending DHHS guidance on whether it should instead be attached as an appendix.

Project Name:	HCAR
Date of Meeting:	07/22/2026 (Wednesday)
Time:	1:00–4:00 p.m. Central (12:00–3:00 p.m. Mountain)
Region & Location:	Western — Prairie Winds Community Center, 428 N Main St, Bridgeport, NE 69336
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)
Prepared by:	Charity Adams, Facilitate Co

Meeting Purpose

Session 2 of the Western Region's six-meeting arc gathered the region's input on what is true about health and health care in the region — its conditions, assets, gaps, and priorities — through a facilitated Consensus Workshop, for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC). The HCAR is an advisory body and takes no binding action on the substance of its regional input; the formal actions recorded here are the approval of prior minutes, the election of officers, and adjournment.

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central (12:00 p.m. Mountain) by Diana Lecher, Chair. The Chair welcomed participants and members of the public. The Western Region observes Mountain Time; times in these minutes are shown in Central Time with Mountain Time noted alongside.

2. Open Meetings Act

The Chair noted that a current copy of the Nebraska Open Meetings Act was posted and available in the meeting room, and that the agenda had been made publicly available in advance of the meeting.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. Roll Call & Quorum

Quorum was met: 10 of the region's 13 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; quorum is 7). Alice Smith (ALF), Shannon Odiet (EMS/Hosp), and Ned Resch (PPS) were absent.

Voting Members

#	SEAT	MEMBER	ORGANIZATION	PRESENT
1	ALF	Alice Smith	Highland Park Assisted Living — Vetter Senior Living	Absent
2	BH	Kristen Rose	Sidney Regional Medical Center	Present
3	CAH/REH	John Reiners	Chadron Hospital	Present
4	CAH/REH	Sam Pennington	Garden County Health Services	Present
5	Clinic	Dr. Brian Shelmadine	Box Butte General Hospital	Present
6	Clinic	Jason Petik	Sidney Regional Medical Clinic · Walk-in Clinic	Present
7	Dental	Dr. Sami Webb	Webb Orthodontics	Present
8	EMS/Comm	Cody William Rohrig	Gordon Volunteer Rescue Squad	Present
9	EMS/Hosp	Shannon Odiet	SRMC EMS	Absent
10	FQHC	Betsy Vidlak	Community Action Health Center	Present
11	HH	Diana Lecher (Chair)	Chadron Hospital's Home Health Agency	Present
12	NF/SNF	Judy Frerichs (Vice Chair)	Pole Creek Estates — Sidney Regional Medical Center	Present
13	PPS	Ned Resch	Regional West	Absent

Non-Voting Seats (attendance only — excluded from the quorum count and from every vote tally)

#	SEAT	MEMBER	ORGANIZATION	PRESENT
16	Ancillary	Creston M. Myers, OD	Family Vision Clinic of Alliance	Present
17	CC	Allisha Weeden Weitzel		Present
18	CCBHC	Jennifer "Nickie" Kroon	Lutheran Family Services	Absent
19	LHD	Jessica Davies	Panhandle Public Health District	Present
20	Pharm	Jason Reed	Stockmen's Drug	Present

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

Member names are public record and appear in the minutes; member contact information is kept in the administrative roster, not the posted minutes. Voting vs. non-voting status follows the DHHS eligibility legend published on the DHHS HCAR page.

4. Review of the Agenda

The agenda was reviewed as posted. A motion was made to approve the agenda; by voice vote, all voting members present voted Aye and the agenda was approved. (Approval of the agenda is not required by the Open Meetings Act or the bylaws; the region chose to approve it by voice vote.) The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

5. Election of Officers (Action Taken)

A noticed election of officers was held to formally seat the region's leadership. A motion was made by Kristen Rose, seconded by Sam Pennington, to formally approve Diana Lecher as Chair and Judy Frerichs as Vice Chair. A roll-call vote was taken; all 10 voting members present voted Aye. The motion carried.

Chair: Diana Lecher. Vice Chair: Judy Frerichs.

The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

6. Approval of Session 1 Minutes (Action Taken)

The minutes of Session 1 were distributed in advance and reviewed. A motion was made by Kristen Rose, seconded by Sam Pennington, to approve the Session 1 minutes as amended. By voice vote, all voting members present voted Aye; the motion carried.

The Session 1 minutes were amended to reflect that Jason Reed was present at Session 1, and to correct the spelling of the Vice Chair's surname to Frerichs. (The administrative master roster should be updated to the same spelling.)

7. NE DHHS Presentation

Sara Morgan presented on behalf of NE DHHS, providing an update on the Rural Health Transformation Program (RHTP).

During the presentation, Jason Petik raised the following questions, answered by Ms. Morgan:

- Whether the dollar amount available was known. Ms. Morgan responded that it was not known at this time.
- Of the $218 million, how much is obligated. Ms. Morgan responded that an estimated two-thirds is obligated. She noted that a dashboard would be available shortly to show where funds are being allocated, and that contractual personnel funds to administer the grant will not appear on the dashboard.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

- How much latitude there is in changing the wording. Ms. Morgan responded that there are no new lines of activity and the region cannot make significant changes in scope.

The public RHTP HCAR page, where program information and meeting materials are posted, is available at https://dhhs.ne.gov/Pages/RHTP-Health-Care-Advisory-Regions.aspx.

8. Regional Input — Consensus Workshop (Exhibit A)

The region conducted a facilitated Consensus Workshop responding to the focus question: *"How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?"*

Participants surfaced what is true about health and health care in the region and grouped their contributions into named clusters, then placed adhesive dots to indicate where they felt focus should go. The dot placement is a heat map of individual focus preferences — not a vote and not a count of attendance or participation. The full record of the workshop — every named cluster and the data points grouped under it, together with the focus-dot counts — is attached as Exhibit A — Consensus Workshop Record. The workshop is a facilitated discussion and required no motion or vote; the region's formal adoption of its input occurs at Session 6.

Overarching guidance from the group: The group held out one statement as an overarching caution recorded in Exhibit A: "Not adding duplicative services."

9. Public Comment

The Chair opened the floor for public comment at 3:30 p.m. Central (2:30 p.m. Mountain). No member of the public offered comment. Public comment was closed at 3:33 p.m. Central (2:33 p.m. Mountain).

10. Next Meeting (Session 3)

Next meeting (Session 3): Wednesday, September 16, 2026, 1:00–4:00 p.m. Central (12:00–3:00 p.m. Mountain), at the Prairie Winds Community Center, Bridgeport, NE. NE DHHS will issue public notice.

11. Adjournment

There being no further business, a motion was made by Kristen Rose, seconded by Sam Pennington, to adjourn. By voice vote, all voting members present voted Aye; the motion carried. The meeting adjourned at 4:00 p.m. Central (3:00 p.m. Mountain).

Prepared by Charity Adams, Facilitate Co (contracted by NE DHHS). Minutes are a draft until approved by the Western Health Care Advisory Region at Session 3.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

EXHIBIT A

Consensus Workshop Record

Western Health Care Advisory Region — Session 2: What's True in Our Region. Attachment to the minutes of the meeting held 07/22/2026.

REGION	DATE	SESSION	LOCATION
Western	07/22/2026	2 — What's True in Our Region	Prairie Winds Community Center, Bridgeport, NE

1. Focus Question

How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?

2. Method Note

Participants responded to the focus question by brainstorming a vision of the future — specifically, what the region would look like in three years if each initiative were mobilized. The vision was deliberately contained to the seven RHTP initiatives, so that the region's input stays within the program's defined scope. Participants worked in small groups of three to four, sharing their brainstormed future-state ideas across the seven initiatives; each group generated roughly seven to ten data points.

The data points were then clustered by common theme. For each cluster, the group discussed what the cluster meant and named it with a short phrase representing the intent of the ideas grouped there. Those cluster names appear as the column headers below; the data points appear beneath the name they were grouped under.

HOW TO READ THIS RECORD

Two independent things are shown here, and they should not be read as the same signal. First, the number of data points in a column reflects where thinking naturally surfaced during brainstorming. Everything began on equal footing; participants were not encouraged to give more or less to any theme. People simply tend to generate more ideas around what surfaces for them, so a longer column indicates the group was thinking about that theme — not that it is more important, and not that more people contributed to it.

Second, and separately, participants were each given two adhesive dots and asked to place them on the areas they felt would be most beneficial to the region if focused on. The dot counts are reported in each column header alongside the data-point count. Dots are a deliberate focus signal; data-point counts are an organic byproduct of brainstorming. Neither is a vote.

Columns are arranged by data-point count — the column with the most data points sits at the center, with columns of decreasing count graduating outward to the left and right edges. This is a readability arrangement that mirrors how the wall was laid out; it is not a ranking, and no column is emphasized over another.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

ON CONSENSUS AND THE ADVISORY ROLE

This was a consensus process. As described in Sam Kaner's Facilitator's Guide to Participatory Decision-Making — the standard reference in the field — consensus is reached when each participant can support the outcome and move forward with it. It does not require unanimous agreement or that the outcome be every participant's first choice; it means an outcome no participant needs to work against, and points of disagreement are discussed and resolved as part of the process.

Consistent with the HCAR's role as an advisory body that takes no binding action on the substance of its regional input (per the bylaws and the RHTP governance model), no vote was required or taken to arrive at the input recorded here. The consensus process is the appropriate method for gathering regional input, and this record reflects what the group could collectively carry forward.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 1 of 2)

COLUMN 1 **Improving Access Through Simplified Medicaid** *3 data points · 3 dots*	COLUMN 2 **Access to Quality Nutrition for at-Risk Populations** *3 data points · 2 dots*	COLUMN 3 **Expanding & Retaining Rural Workforce** *4 data points · 0 dots*	COLUMN 4 **In-Home Access to Specialized Care** *7 data points · 2 dots*	COLUMN 5 **Homegrown Regional Health Care Workforce Development** *7 data points · 10 dots*
• Medicaid Insurance Simplification • Automated Streamlined Prior Auth • Network adequacy across specialties	• Access to 1 Fresh Meal/Day • Free Breakfast & Lunch @ Schools — all students • Modernize food pantries in organizations	• Family unit Recruiting — "ancillary providers" • Community Integration "Perks" for Providers • 3.1 to actually Work • Trend away from Agency to Local	• Home Dialysis Access • Virtual Care in-home (iPads) • Faster Response to Ambulatory Care • Localized EMS Funding Districts • Rural Patient Monitors • Health Care to all Homebound • Scope expansion for community supports	• School Career Paths / Paid Internships • Qualified instructors for education • Localized health care professions education • BHECN model for other health care professions • High School Student involved w/ Healthcare • Grow your own workforce — volunteer • Find my workforce Replacement

The grid continues on the next page. Columns are arranged by data-point count, with the largest column at the center graduating outward to the edges. Data points within a column are unordered — ideas grouped by common theme, with no ranking among them. Facilitation marks made in the room (for example, a corner "X" noting a newly added card) are part of the live process and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 2 of 2)

COLUMN 6 **Functional Integrated H.I.E. (Health Information Exchange)** *4 data points · 2 dots*	COLUMN 7 **Community Resource Navigators** *3 data points · 6 dots*	COLUMN 8 **Expanded Access to Care** *3 data points · 1 dot*	COLUMN 9 **Access to Adequate Healthcare Transportation** *2 data points · 0 dots*
• EMR Collectivism • Provider Technology Synchronization • Behavioral health exchange • Emergency Health Communication Access	• Community Advocate Resource • Community Resources Known by All • Consistent Case Management	• Mobile Unit Region/Community Specific • Deliveries of Babies in 45 min of Home • Rural Multi-Disc. Urgent Care	• Adequate medical transportation • Transportation for All Humans

Continued from the previous page. Column numbers run continuously across both pages.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

4. Cluster Summary

The table below lists each cluster with its data-point count and its focus-dot count. As noted above, these are two separate signals — organic thinking versus deliberate focus — and neither is a vote.

COLUMN	CLUSTER NAME	DATA POINTS	FOCUS DOTS
1	Improving Access Through Simplified Medicaid	3	3
2	Access to Quality Nutrition for at-Risk Populations	3	2
3	Expanding & Retaining Rural Workforce	4	0
4	In-Home Access to Specialized Care	7	2
5	Homegrown Regional Health Care Workforce Development	7	10
6	Functional Integrated H.I.E. (Health Information Exchange)	4	2
7	Community Resource Navigators	3	6
8	Expanded Access to Care	3	1
9	Access to Adequate Healthcare Transportation	2	0
	Total	36	26

OVERARCHING GUIDANCE FROM THE GROUP

The group deliberately held out one statement as a caution that applies across every cluster rather than belonging to any single one — “Not adding duplicative services” — recorded as a standing recommendation the region wanted attached to its input as a whole, so that new investment builds on what exists rather than duplicating it.

5. Unclustered Data Points and Parking Lot

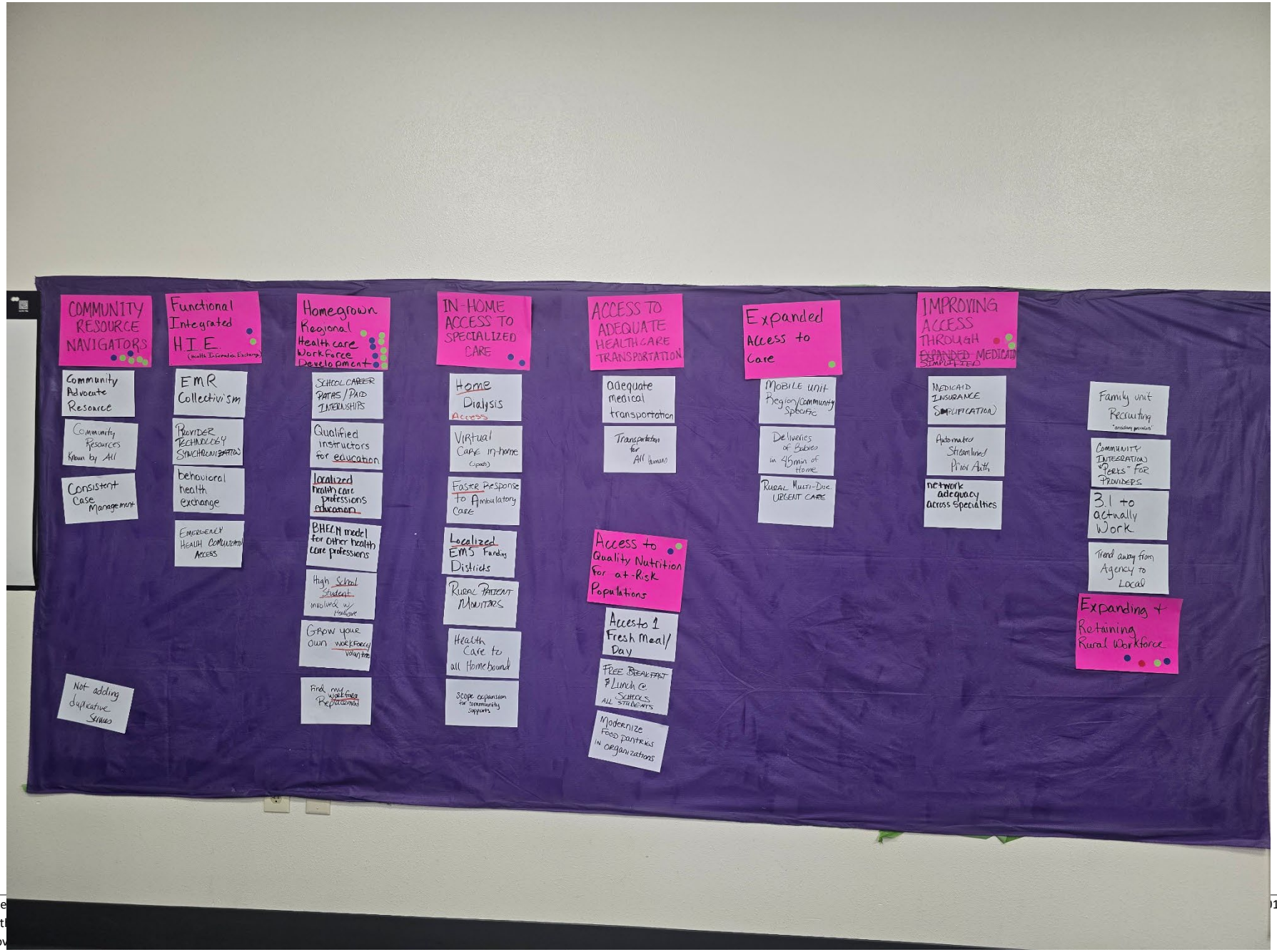
All data-point cards on the wall were grouped under a named cluster. One statement was deliberately held out by the group as an overarching caution and is recorded in the Cluster Summary rather than as a data point: “Not adding duplicative services.” No other parking-lot items were noted.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

6. Photographic Record

The photograph of the full workshop wall is the primary evidence for this record; the transcription above is a reading of it. Embed the full-wall photograph in the box below. Additional close-up images used for transcription are retained in the region's Session 2 image folder and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.


COMMUNITY RESOURCE NAVIGATORS
Community Advocate Resource
Community Resources Known by All
Consistent Case Management
Not adding duplicative Services
Functional Integrated H I E
(Health Information Exchange)
EMR Collectivism
Provider Technology Synchronization
behavioral health exchange
Emergency Health Communication Access
Homegrown Regional Health care Workforce Development
School Career Paths / Paid Internships
Qualified Instructors for education
Localized health care professions education
BHECN model for other health care professions
High School Student involved w/ Healthcare
Grow your own workforce/volunteer
Find, mot together Replacement
IN-HOME ACCESS TO SPECIALIZED CARE
Home Dialysis Access
Virtual Care in-home capacity
Faster Response to Ambulatory Care
Localized EMS Funding Districts
Rural Patient Monitors
Health Care to all Homebound
Scope expansion for community supports
ACCESS TO ADEQUATE HEALTHCARE TRANSPORTATION
Adequate medical transportation
Transportation for All Human
Access to Quality Nutrition for at-Risk Populations
Access to 1 Fresh Meal/Day
FREE BREAKFAST & Lunch @ Schools ALL STUDENTS
Modernize food pantries in organizations
Expanded Access to Care
Mobile Unit Region/Community Specific
Deliveries of Babies in 45min of Home
Rural Multi-Disc. URGENT CARE
IMPROVING ACCESS THROUGH ~~EXPANDED~~ MEDICAID SIMPLIFIED
Medicaid Insurance Simplification
Automated Streamlined Prior Auth
network adequacy across Specialties
Family unit Recruiting "navigation provider"
Community Integration "Peers" for Providers
3.1 to actually Work
Trend away from Agency to Local
Expanding + Retaining Rural Workforce

Full-wall photograph of the Western Session 2 Consensus Workshop, 07/22/2026.

7. Transcription Notes

CONVENTION	APPLIED IN THIS EXHIBIT
Spelling	Corrected. Marker misspellings are an artifact of writing quickly and are not the region's voice.
Acronyms	Left exactly as written — never expanded, corrected, or standardized. Where the group spelled out an abbreviation on the header card itself, that spelled-out form is kept because the group named it.
Grammar and phrasing	Unchanged. Fragments, tense, and plurals stand as written.
Data-point order	Unordered within each column. Data points are ideas grouped by theme, with no ranking among them.
Facilitation marks	Corner "X" marks and similar in-room process notations are not reproduced; they are part of facilitation, not content.
Items to confirm	"3.1 to actually Work" (in the Expanding & Retaining Rural Workforce cluster): the "3.1" may reference an RHTP initiative number; transcribed as it appears, pending confirmation.

Compiled by the contracted facilitator from the photographic record of the Western Health Care Advisory Region Session 2 meeting held 07/22/2026. Filed as Exhibit A to the minutes of that meeting.

The Consensus Workshop is a facilitated discussion for gathering regional input. It is not an action under the Nebraska Open Meetings Act; no motion was made and no vote was taken, and this exhibit records none.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

HCAR Meeting Minutes — DRAFT

Mid-Plains Health Care Advisory Region — Session 2: What's True in Our Region

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

DRAFT for HCAR review. Mover and seconder names on some motions are being confirmed and will be inserted if located before finalization. The NE DHHS presentation is summarized inline pending DHHS guidance on whether it should instead be attached as an appendix.

Project Name:	HCAR
Date of Meeting:	07/23/2026 (Thursday)
Time:	1:00–4:00 p.m. Central
Region & Location:	Mid-Plains — Great Plains Hospital, 601 W Leota St, North Platte, NE 69101
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)
Prepared by:	Charity Adams, Facilitate Co

Meeting Purpose

Session 2 of the Mid-Plains Region's six-meeting arc gathered the region's input on what is true about health and health care in the region — its conditions, assets, gaps, and priorities — through a facilitated Consensus Workshop, for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC). The HCAR is an advisory body and takes no binding action on the substance of its regional input; the formal actions recorded here are the approval of prior minutes, the election of officers, and adjournment.

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Shirley Terry, acting as Vice Chair. The Chair, Dr. Benjamin Lashley, was absent; the Vice Chair presided. The Vice Chair welcomed participants and members of the public.

2. Open Meetings Act

The Vice Chair noted that a current copy of the Nebraska Open Meetings Act was posted and available in the meeting room, and that the agenda had been made publicly available in advance of the meeting.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. Roll Call & Quorum

Quorum was met: 8 of the region's 12 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members; quorum is 7). Dr. Jason Blomstedt (Clinic), Jim Bargen (Clinic), Dr. Benjamin Lashley (Dental, Chair), and Kristin Arrowsmith (NF/SNF) were absent.

Voting Members

#	SEAT	MEMBER	ORGANIZATION	PRESENT
1	ALF	Judy McCune	Kinship Pointe McCook	Present
2	BH	Jesica Vickers	Livewell	Present
3	CAH/REH	Brett Eggleston	Callaway District Hospital	Present
4	CAH/REH	Kyle Kellum	Melham Medical Center	Present
5	Clinic	Dr. Jason Blomstedt	McCook Family Medicine	Absent
6	Clinic	Jim Bargen	Cherry County Medical Clinic	Absent
7	Dental	Dr. Benjamin Lashley (Chair)	Maple Park Dental Associates	Absent
8	EMS/Comm	Marc Harpham	McCook City and Volunteer Fire Department	Present
9	FQHC	Tami Smith	Heartland Health Center	Present
10	HH	Tyson Gould	Brookestone Home Health & Hospice	Present
11	NF/SNF	Kristin Arrowsmith	Accura Health Care — North Platte Facility	Absent
12	PPS	Ivan Mitchell	Great Plains Health	Present

Non-Voting Seats (attendance only — excluded from the quorum count and from every vote tally)

#	SEAT	MEMBER	ORGANIZATION	PRESENT
15	Ancillary	Cassie Penn	Callaway District Hospital	Present
16	CC	Clint Reading		Present
17	CCBHC	Shirley Terry (Vice Chair)	Lutheran Family Services	Present
18	LHD	Meghan Trevino	West Central District Public Health Department	Absent
19	Pharm	Brian Wilson	U-Save Pharmacy Ogallala	Present

Member names are public record and appear in the minutes; member contact information is kept in the administrative roster, not the posted minutes. Voting vs. non-voting status follows the DHHS eligibility legend published on the DHHS HCAR page.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

4. Review of the Agenda

The agenda was reviewed as posted and the meeting proceeded as outlined. Consistent with the HCAR's advisory role, approval of the agenda is not required by the Open Meetings Act or the bylaws and no vote was taken on the agenda. The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

5. Election of Officers (Action Taken)

A noticed election of officers was held to formally seat the region's leadership. A motion was made by Tami Smith, seconded by Jesica Vickers, to install Dr. Benjamin Lashley as Chair and Shirley Terry as Vice Chair. A roll-call vote was taken; all 8 voting members present voted Aye. The motion carried.

Chair: Dr. Benjamin Lashley. Vice Chair: Shirley Terry.

Dr. Lashley was absent from this meeting; the region elected him Chair in absentia. Shirley Terry, elected Vice Chair, presided.

The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

6. Approval of Session 1 Minutes (Action Taken)

The minutes of Session 1 were distributed in advance and reviewed. A motion was made by Ivan Mitchell, seconded by Kyle Kellum, to approve the Session 1 minutes as presented. By voice vote, all voting members present voted Aye; the motion carried.

7. NE DHHS Presentation

Megan McGuffey presented on behalf of NE DHHS, providing an update on the Rural Health Transformation Program (RHTP). [Any member questions raised during the presentation are being confirmed and will be added if located before finalization.]

The public RHTP HCAR page, where program information and meeting materials are posted, is available at https://dhhs.ne.gov/Pages/RHTP-Health-Care-Advisory-Regions.aspx.

8. Regional Input — Consensus Workshop (Exhibit A)

The region conducted a facilitated Consensus Workshop responding to the focus question: *"How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?"*

Participants surfaced what is true about health and health care in the region and grouped their contributions into named clusters, then placed adhesive dots to indicate where they felt focus should go. The dot placement is a heat map of individual focus preferences — not a vote and not a count of

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

attendance or participation. The full record of the workshop — every named cluster and the data points grouped under it, together with the focus-dot counts — is attached as Exhibit A — Consensus Workshop Record. The workshop is a facilitated discussion and required no motion or vote; the region's formal adoption of its input occurs at Session 6.

Overarching guidance from the group: The group held out one statement as an overarching caution recorded in Exhibit A: "Don't add programs that aren't sustainable."

9. Public Comment

The Vice Chair opened the floor for public comment at 3:27 p.m. Central. No member of the public offered comment. Public comment was closed at 3:30 p.m. Central.

10. Next Meeting (Session 3)

Next meeting (Session 3): Thursday, September 17, 2026, 1:00–4:00 p.m. Central, location to be identified. NE DHHS will issue public notice.

11. Adjournment

There being no further business, a motion was made by Kyle Kellum, seconded by Judy McCune, to adjourn. By voice vote, all voting members present voted Aye; the motion carried. The meeting adjourned at 4:00 p.m. Central.

Prepared by Charity Adams, Facilitate Co (contracted by NE DHHS). Minutes are a draft until approved by the Mid-Plains Health Care Advisory Region at Session 3.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

EXHIBIT A

Consensus Workshop Record

Mid-Plains Health Care Advisory Region — Session 2: What's True in Our Region. Attachment to the minutes of the meeting held 07/23/2026.

REGION	DATE	SESSION	LOCATION
Mid-Plains	07/23/2026	2 — What's True in Our Region	Great Plains Hospital, North Platte, NE

1. Focus Question

How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?

2. Method Note

Participants responded to the focus question by brainstorming a vision of the future — specifically, what the region would look like in three years if each initiative were mobilized. The vision was deliberately contained to the seven RHTP initiatives, so that the region's input stays within the program's defined scope. Participants worked in small groups of three to four, sharing their brainstormed future-state ideas across the seven initiatives; each group generated roughly seven to ten data points.

The data points were then clustered by common theme. For each cluster, the group discussed what the cluster meant and named it with a short phrase representing the intent of the ideas grouped there. Those cluster names appear as the column headers below; the data points appear beneath the name they were grouped under.

HOW TO READ THIS RECORD

Two independent things are shown here, and they should not be read as the same signal. First, the number of data points in a column reflects where thinking naturally surfaced during brainstorming. Everything began on equal footing; participants were not encouraged to give more or less to any theme. People simply tend to generate more ideas around what surfaces for them, so a longer column indicates the group was thinking about that theme — not that it is more important, and not that more people contributed to it.

Second, and separately, participants were each given two adhesive dots and asked to place them on the areas they felt would be most beneficial to the region if focused on. The dot counts are reported in each column header alongside the data-point count. Dots are a deliberate focus signal; data-point counts are an organic byproduct of brainstorming. Neither is a vote.

Columns are arranged by data-point count — the column with the most data points sits at the center, with columns of decreasing count graduating outward to the left and right edges. This is a readability arrangement that mirrors how the wall was laid out; it is not a ranking, and no column is emphasized over another.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

ON CONSENSUS AND THE ADVISORY ROLE

This was a consensus process. As described in Sam Kaner's Facilitator's Guide to Participatory Decision-Making — the standard reference in the field — consensus is reached when each participant can support the outcome and move forward with it. It does not require unanimous agreement or that the outcome be every participant's first choice; it means an outcome no participant needs to work against, and points of disagreement are discussed and resolved as part of the process.

Consistent with the HCAR's role as an advisory body that takes no binding action on the substance of its regional input (per the bylaws and the RHTP governance model), no vote was required or taken to arrive at the input recorded here. The consensus process is the appropriate method for gathering regional input, and this record reflects what the group could collectively carry forward.

A NOTE ON THE HEADER CARDS

The cluster header cards in the original room appear in two colors (pink and orange). The color carries no meaning: the facilitator simply ran short of one color of 8.5 × 11 paper. All header cards are equal cluster names, regardless of color.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 1 of 2)

COLUMN 1 **Fresh Food Consumption and Distribution** *3 data points · 0 dots*	COLUMN 2 **Advancing Sustainable EMS Funding** *5 data points · 4 dots*	COLUMN 3 **Proactive access to comprehensive Mental Health Resources** *6 data points · 5 dots*	COLUMN 4 **Sustainable Community-Driven Funds and Access** *8 data points · 13 dots*
• Delivery program for Fresh Foods • School Based Fresh Food Production (SNAP) • School & Retiree Community Gardens	• Funded transitions volunteer ↔ paid EMS • On-site EMT — tele? • EMS in CAH that qualify for cost-based reimbursement • HH ↔ EMS Communication • Walker — detects a fall — bubble wrap	• Expansion MH w/ LE • CHW hub w/in 911 call center • Community Wellness Ambassadors (√ INS) • Mental Health Check-Ins • Serious Mental Health support — group home / sr. health • Transparent End of Life Communication	• Financial Sustainability for Treatment • Dental care for Medicaid • Recruitment funding based on Needs • Regional Recruitment $'s for specific needs for area • Coordination Billing between PCP / HC provider • Community Paramedicine Funding • Medicare — no funding for AL / VA — local AL • ALF: $$ to support adequate placement

The grid continues on the next page. Columns are arranged by data-point count, with the largest column at the center graduating outward to the edges. Data points within a column are unordered — ideas grouped by common theme, with no ranking among them. Facilitation marks made in the room (for example, a corner "X" noting a newly added card) are part of the live process and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 2 of 2)

COLUMN 5 **Early Education Training Programs** *6 data points · 1 dot*	COLUMN 6 **Comprehensive Telehealth Infrastructure** *4 data points · 1 dot*	COLUMN 7 **Affordable Living for Staff** *2 data points · 2 dots*
• Educational Bridge Programs • Earlier Career Exploration • Healthcare Elective in Schools • Prioritizing remote training programs around rural needs • Family Staffing Integration • Living Skills Lab	• Telehealth Need / Appropriate I.D. • State Statute Change for Telepharmacy • Standardized Nebraska Telehealth Technology • Regional Health Hub Sponsoring services	• Housing — Affordable, New, Available • Quality Daycare on site

Continued from the previous page. Column numbers run continuously across both pages.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

4. Cluster Summary

The table below lists each cluster with its data-point count and its focus-dot count. As noted above, these are two separate signals — organic thinking versus deliberate focus — and neither is a vote.

COLUMN	CLUSTER NAME	DATA POINTS	FOCUS DOTS
1	Fresh Food Consumption and Distribution	3	0
2	Advancing Sustainable EMS Funding	5	4
3	Proactive access to comprehensive Mental Health Resources	6	5
4	Sustainable Community-Driven Funds and Access	8	13
5	Early Education Training Programs	6	1
6	Comprehensive Telehealth Infrastructure	4	1
7	Affordable Living for Staff	2	2
	Total	34	26

OVERARCHING GUIDANCE FROM THE GROUP

The group deliberately held out one statement as a caution that applies across every cluster rather than belonging to any single one — “Don’t add programs that aren’t sustainable” — recorded as a standing recommendation the region wanted attached to its input as a whole.

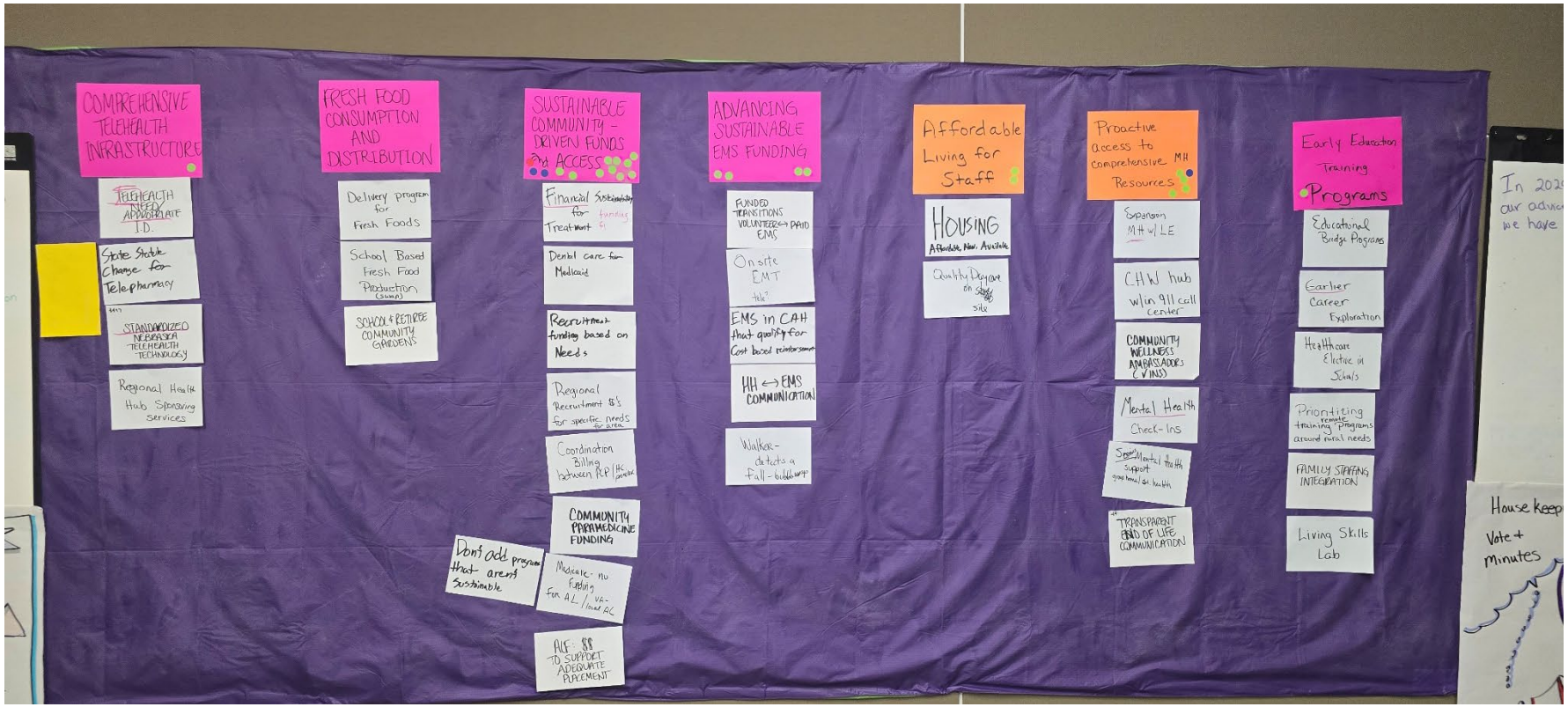
5. Unclustered Data Points and Parking Lot

All data-point cards on the wall were grouped under a named cluster. One statement was deliberately held out by the group as an overarching caution and is recorded in the Cluster Summary rather than as a data point: “Don’t add programs that aren’t sustainable.” No other parking-lot items were noted.

6. Photographic Record

The photograph of the full workshop wall is the primary evidence for this record; the transcription above is a reading of it. Embed the full-wall photograph in the box below. Additional close-up images used for transcription are retained in the region’s Session 2 image folder and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.



Full-wall photograph of the Mid-Plains Session 2 Consensus Workshop, 07/23/2026.

7. Transcription Notes

CONVENTION	APPLIED IN THIS EXHIBIT
Spelling	Corrected. Marker misspellings are an artifact of writing quickly and are not the region's voice.
Acronyms	Left exactly as written — never expanded, corrected, or standardized. Where the group spelled out an abbreviation on the header card itself, that spelled-out form is kept because the group named it.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

CONVENTION	APPLIED IN THIS EXHIBIT
Grammar and phrasing	Unchanged. Fragments, tense, and plurals stand as written.
Data-point order	Unordered within each column. Data points are ideas grouped by theme, with no ranking among them.
Facilitation marks	Corner “X” marks and similar in-room process notations are not reproduced; they are part of facilitation, not content.
Items to confirm	Two readings to confirm against the original cards: (1) “Community Wellness Ambassadors (√ INS)” — the parenthetical is unclear and may be an acronym; transcribed as it appears. (2) “Quality Daycare on site” — a word after “on” is struck through on the card and “site” written below; read as “on site.”

Compiled by the contracted facilitator from the photographic record of the Mid-Plains Health Care Advisory Region Session 2 meeting held 07/23/2026. Filed as Exhibit A to the minutes of that meeting.

The Consensus Workshop is a facilitated discussion for gathering regional input. It is not an action under the Nebraska Open Meetings Act; no motion was made and no vote was taken, and this exhibit records none.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

HCAR Meeting Minutes — DRAFT

Central Health Care Advisory Region — Session 2: What's True in Our Region

Public meeting held under the Nebraska Open Meetings Act, Neb. Rev. Stat. §§ 84-1407 to 84-1414

DRAFT for HCAR review. Mover and seconder names on some motions are being confirmed and will be inserted if located before finalization. The NE DHHS presentation is summarized inline pending DHHS guidance on whether it should instead be attached as an appendix.

Project Name:	HCAR
Date of Meeting:	07/21/2026 (Tuesday)
Time:	1:00–4:00 p.m. Central
Region & Location:	Central — Central Community College, Room 210, 3134 US-34, Grand Island, NE 68801
Facilitator:	Charity Adams, Facilitate Co (contracted by NE DHHS)
Prepared by:	Charity Adams, Facilitate Co

Meeting Purpose

Session 2 of the Central Region's six-meeting arc gathered the region's input on what is true about health and health care in the region — its conditions, assets, gaps, and priorities — through a facilitated Consensus Workshop, for consideration by NE DHHS and the Rural Health Advisory Commission (RHAC). The HCAR is an advisory body and takes no binding action on the substance of its regional input; the formal actions recorded here are the approval of prior minutes, the election of officers, and adjournment.

1. Call to Order & Welcome

The meeting was called to order at 1:00 p.m. Central by Arlan Johnson, Chair. The Chair welcomed participants and members of the public.

2. Open Meetings Act

The Chair noted that a current copy of the Nebraska Open Meetings Act was posted and available in the meeting room, and that the agenda had been made publicly available in advance of the meeting.

3. Roll Call & Quorum

Quorum was met: 11 of the region's 12 voting members were present (bylaws Art. IX §1 sets quorum at a majority of voting members). Tami Smith (FQHC) was absent.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

Voting Members

#	SEAT	MEMBER	ORGANIZATION	PRESENT
1	ALF	Lisa Nielson	Ray Brown and Associates / Stone Hearth Estates	Present
2	BH	Chase Francl (Vice Chair)	Mid-Plains Center	Present
3	CAH/REH	Arlan Johnson (Chair)	Howard County Medical Center	Present
4	CAH/REH	Justin Wolf	Memorial Community (Aurora)	Present
5	Clinic	Dr. Todd Pankratz	Obstetrician & Gynecologists, PC	Present
6	Clinic	Treg Vyzourek	Brodstone Family Medical Center	Present
7	Dental	Dr. Sydney Grint	Radian Modern Dentistry	Present
8	EMS/Comm	Haley Malone	Clay Center Ambulance	Present
9	EMS/Hosp	Scott Rhinehart	Good Samaritan Hospital EMS	Present
10	FQHC	Tami Smith	Heartland Health Center	Absent
11	NF/SNF	Mark Scroczynski	Emerald Health Care (Cozad)	Present
12	PPS	Mike Hansen	Columbus Community	Present

Non-Voting Seats (attendance only — excluded from the quorum count and from every vote tally)

#	SEAT	MEMBER	ORGANIZATION	PRESENT
15	CC	Marcie Kemnitz	Central Community College	Present
16	CCBHC	Bob Shueey	South Central	Present
17	LHD	Jeremy Eschliman	Two Rivers Public Health Department	Present
18	Pharm	Heather Ockinga	Village Drug, Franklin Drug and Blue Hill Drug	Present

Member names are public record and appear in the minutes; member contact information is kept in the administrative roster, not the posted minutes. Voting vs. non-voting status follows the DHHS eligibility legend published on the DHHS HCAR page.

4. Review of the Agenda

The agenda was reviewed as posted and the meeting proceeded as outlined. Consistent with the HCAR's advisory role, approval of the agenda is not required by the Open Meetings Act or the bylaws and no vote was taken on the agenda. The minutes record the substance of all matters discussed, as required by the Open Meetings Act (§ 84-1413(1)).

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

5. Election of Officers (Action Taken)

A noticed election of officers was held to formally seat the region's leadership. By roll-call vote, the voting members present installed Arlan Johnson as Chair and Chase Francl as Vice Chair. All 11 voting members present voted Aye; the motion carried.

Chair: Arlan Johnson. Vice Chair: Chase Francl.

The second office is titled "Vice Chair," consistent with the bylaws (Art. VI).

6. Approval of Session 1 Minutes (Action Taken)

The minutes of Session 1 were distributed in advance and reviewed. A motion was made and seconded to approve the Session 1 minutes as presented. By voice vote, all voting members present voted Aye; the motion carried. [Mover and seconder being confirmed — to be inserted if located before finalization.]

7. NE DHHS Presentation

Megan McGuffey presented on behalf of NE DHHS, providing an update on the Rural Health Transformation Program (RHTP). Ryan Daly, the region's usual NE DHHS representative, was unable to attend, and Ms. McGuffey presented in his place.

During the presentation, the following questions were raised by members and answered by Ms. McGuffey:

- Mike Hansen asked whether, on Year 1 workforce, the region could make a recommendation to the wording. Ms. McGuffey responded that this would need to be explored for Year 2.
- Justin Wolf asked whether, in Year 1, the region would see who is awarded funding. Ms. McGuffey responded that awards are published on the public RHTP website, and that by the next meeting a public dashboard would be available to show where funds are awarded.
- Justin Wolf further noted interest in who did not receive funding. Ms. McGuffey responded that DHHS does not always publish who did not receive funding, as it is complex, but that all funds awarded will appear on the dashboard.

The public RHTP HCAR page, where program information and meeting materials are posted, is available at https://dhhs.ne.gov/Pages/RHTP-Health-Care-Advisory-Regions.aspx.

8. Regional Input — Consensus Workshop (Exhibit A)

The region conducted a facilitated Consensus Workshop responding to the focus question: *"How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?"*

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

Participants surfaced what is true about health and health care in the region and grouped their contributions into named clusters, then placed adhesive dots to indicate where they felt focus should go. The dot placement is a heat map of individual focus preferences — not a vote and not a count of attendance or participation. The full record of the workshop — every named cluster and the data points grouped under it, together with the focus-dot counts — is attached as Exhibit A — Consensus Workshop Record. The workshop is a facilitated discussion and required no motion or vote; the region's formal adoption of its input occurs at Session 6.

9. Public Comment

The Chair opened the floor for public comment at approximately 3:30 p.m. Central. No member of the public offered comment. Public comment was closed at approximately 3:33 p.m. Central.

10. Next Meeting (Session 3)

Next meeting (Session 3): Tuesday, September 15, 2026, 1:00–4:00 p.m. Central, at Central Community College, Room 210, Grand Island, NE. NE DHHS will issue public notice.

11. Adjournment

There being no further business, a motion was made and seconded to adjourn. By voice vote, all voting members present voted Aye; the motion carried. The meeting adjourned at 4:00 p.m. Central. [Mover and seconder being confirmed — to be inserted if located before finalization.]

Prepared by Charity Adams, Facilitate Co (contracted by NE DHHS). Minutes are a draft until approved by the Central Health Care Advisory Region at Session 3.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

EXHIBIT A

Consensus Workshop Record

Central Health Care Advisory Region — Session 2: What's True in Our Region. Attachment to the minutes of the meeting held 07/21/2026.

REGION	DATE	SESSION	LOCATION
Central	07/21/2026	2 — What's True in Our Region	Central Community College, Room 210, Grand Island, NE

1. Focus Question

How might we draw on our collective knowledge of this region to develop recommendations that direct RHTP resources to the needs that matter most here, and identify the regional capacity and infrastructure needed to implement those investments effectively?

2. Method Note

Participants responded to the focus question by brainstorming a vision of the future — specifically, what the region would look like in three years if each initiative were mobilized. The vision was deliberately contained to the seven RHTP initiatives, so that the region's input stays within the program's defined scope. Participants worked in small groups of three to four, sharing their brainstormed future-state ideas across the seven initiatives; each group generated roughly seven to ten data points.

The data points were then clustered by common theme. For each cluster, the group discussed what the cluster meant and named it with a short phrase representing the intent of the ideas grouped there. Those cluster names appear as the column headers below; the data points appear beneath the name they were grouped under.

HOW TO READ THIS RECORD

Two independent things are shown here, and they should not be read as the same signal. First, the number of data points in a column reflects where thinking naturally surfaced during brainstorming. Everything began on equal footing; participants were not encouraged to give more or less to any theme. People simply tend to generate more ideas around what surfaces for them, so a longer column indicates the group was thinking about that theme — not that it is more important, and not that more people contributed to it.

Second, and separately, participants were each given two adhesive dots and asked to place them on the areas they felt would be most beneficial to the region if focused on. The dot counts are reported in each column header alongside the data-point count. Dots are a deliberate focus signal; data-point counts are an organic byproduct of brainstorming. Neither is a vote.

Columns are arranged by data-point count — the column with the most data points sits at the center, with columns of decreasing count graduating outward to the left and right edges. This is a readability arrangement that mirrors how the wall was laid out; it is not a ranking, and no column is emphasized over another.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

ON CONSENSUS AND THE ADVISORY ROLE

This was a consensus process. As described in Sam Kaner's Facilitator's Guide to Participatory Decision-Making — the standard reference in the field — consensus is reached when each participant can support the outcome and move forward with it. It does not require unanimous agreement or that the outcome be every participant's first choice; it means an outcome no participant needs to work against, and points of disagreement are discussed and resolved as part of the process.

Consistent with the HCAR's role as an advisory body that takes no binding action on the substance of its regional input (per the bylaws and the RHTP governance model), no vote was required or taken to arrive at the input recorded here. The consensus process is the appropriate method for gathering regional input, and this record reflects what the group could collectively carry forward.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 1 of 2)

COLUMN 1 **Enhanced Infrastructure** *2 data points · 4 dots*	COLUMN 2 **Shared Resources and Partnerships** *3 data points · 0 dots*	COLUMN 3 **Expanded, Comprehensive, Local Healthcare** *4 data points · 6 dots*	COLUMN 4 **Unified, Accessible Health Information** *5 data points · 2 dots*
• Modify detox center for opiates • Modify LTC Infrastructure	• OB ultrasound Training program • Establish Regional Partnerships – Hub : Spoke • Regional Transport Team	• Increase high quality Training – Healthcare UR • Regional Critical Care Providers (MOBILE) • Expansion of telehealth/med into Rural areas • Accessible mental health embedded w/in community	• Health Info sharing with EMS (interoperability) • Upgraded & Interoperability of EMRs • $ for EMR Connections • VA info-sharing w/ HIE • Avel / Tele rad / etc Coordinated System

The grid continues on the next page. Columns are arranged by data-point count, with the largest column at the center graduating outward to the edges. Data points within a column are unordered — ideas grouped by common theme, with no ranking among them. Facilitation marks made in the room (for example, a corner "X" noting a newly added card) are part of the live process and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

3. The Grid — Clusters and Data Points (part 2 of 2)

COLUMN 5 **Robust, well-trained workforce** *11 data points · 10 dots*	COLUMN 6 **Integrated Community Services** *5 data points · 3 dots*	COLUMN 7 **Increased Medicaid $ for underserved** *3 data points · 1 dot*	COLUMN 8 **Farm-to-Table In School System (Healthy Choices)** *2 data points · 2 dots*
• Funding for Nursing Home Certification • Funding for Memory Care Certification • More Local Control over actual use $ (Recruit : Retention) • Regional Recruit / Retention Dollars • Fund Internships (BHECN/ARPA) w/ hiring bonus potential • Shared Clinical Model (in colleges) • Contracted Housing Partnered With Site • Behavioral Health inclusion in RHOP • Fund for Rural Communities to build housing • Standardization of care for EMS • Integration of Clinicians into Sites	• Fully Collaborative RPM (Clinic, Pharm, Beh Health…) • Integrated CDM partnerships • Remote Patient Monitoring expansion • Universal Home Visitation • Regionalization of CHWs service provision	• ↑ access for dental for Medicaid Kids • Incentivize VA service providers • Beh health Medicaid $ ↑	• Statewide "Beef Boosters" programs • School Greenhouse "Farmers Market"

Continued from the previous page. Column numbers run continuously across both pages.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

4. Cluster Summary

The table below lists each cluster with its data-point count and its focus-dot count. As noted above, these are two separate signals — organic thinking versus deliberate focus — and neither is a vote.

COLUMN	CLUSTER NAME	DATA POINTS	FOCUS DOTS
1	Enhanced Infrastructure	2	4
2	Shared Resources and Partnerships	3	0
3	Expanded, Comprehensive, Local Healthcare	4	6
4	Unified, Accessible Health Information	5	2
5	Robust, well-trained workforce	11	10
6	Integrated Community Services	5	3
7	Increased Medicaid $ for underserved	3	1
8	Farm-to-Table In School System (Healthy Choices)	2	2
	Total	35	28

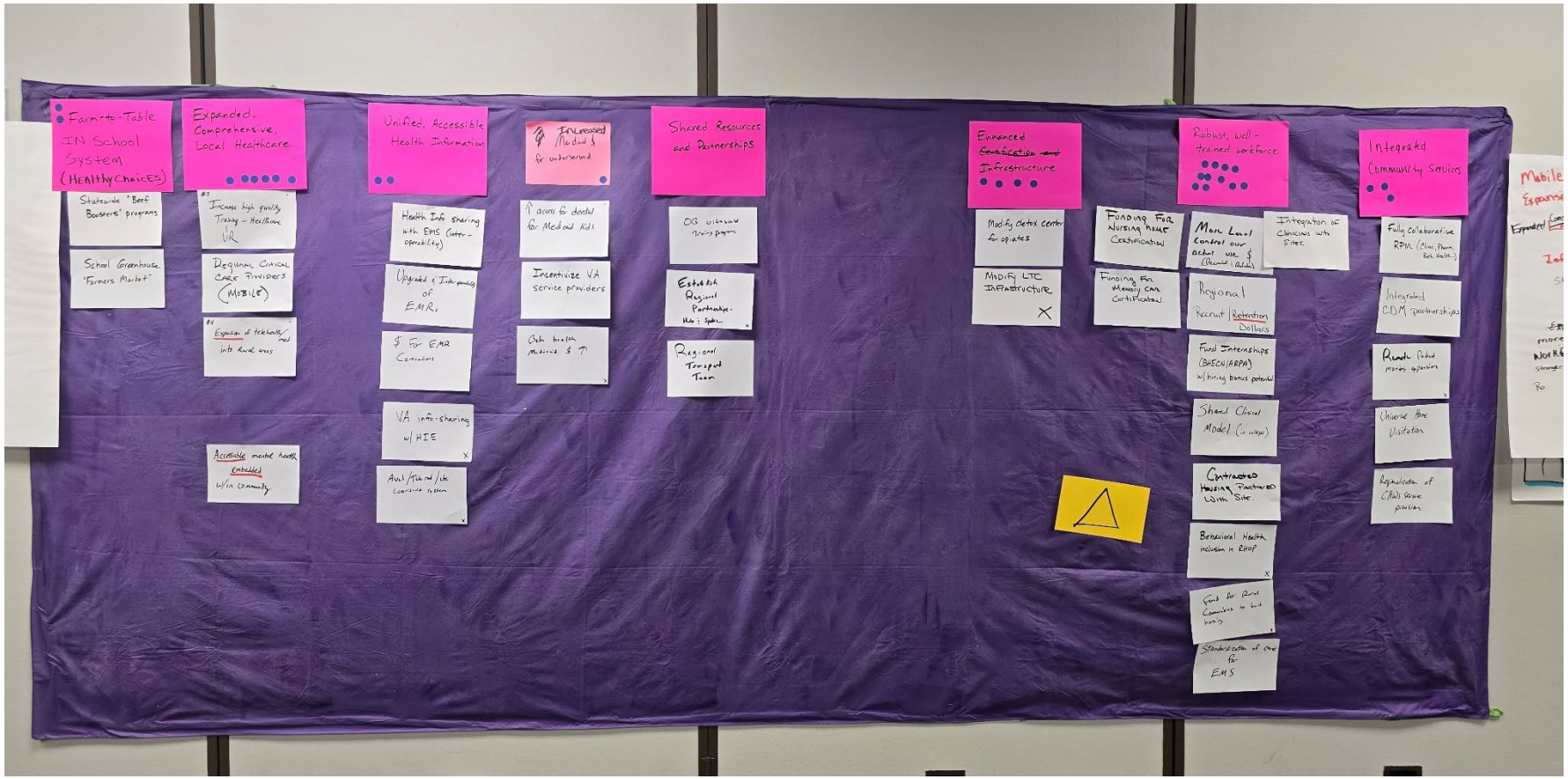
5. Unclustered Data Points and Parking Lot

All data-point cards on the wall were grouped under a named cluster. No parking-lot items were noted.

6. Photographic Record

The photograph of the full workshop wall is the primary evidence for this record; the transcription above is a reading of it. Embed the full-wall photograph in the box below. Additional close-up images used for transcription are retained in the region's Session 2 image folder and are not reproduced here.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.



Full-wall photograph of the Central Session 2 Consensus Workshop, 07/21/2026.

7. Transcription Notes

CONVENTION	APPLIED IN THIS EXHIBIT
Spelling	Corrected. Marker misspellings are an artifact of writing quickly and are not the region's voice.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

CONVENTION	APPLIED IN THIS EXHIBIT
Acronyms	Left exactly as written — never expanded, corrected, or standardized. Where the group spelled out an abbreviation on the header card itself, that spelled-out form is kept because the group named it.
Grammar and phrasing	Unchanged. Fragments, tense, and plurals stand as written.
Data-point order	Unordered within each column. Data points are ideas grouped by theme, with no ranking among them.
Facilitation marks	Corner “X” marks and similar in-room process notations are not reproduced; they are part of facilitation, not content.
Items to confirm	“Avel / Tele rad / etc — Coordinated System” (in the Unified, Accessible Health Information cluster): “Avel” is transcribed as written and may refer to a named telehealth network; left verbatim pending confirmation.

Compiled by the contracted facilitator from the photographic record of the Central Health Care Advisory Region Session 2 meeting held 07/21/2026. Filed as Exhibit A to the minutes of that meeting.

The Consensus Workshop is a facilitated discussion for gathering regional input. It is not an action under the Nebraska Open Meetings Act; no motion was made and no vote was taken, and this exhibit records none.

The Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (US HHS) as part of a financial assistance award totaling $218,529,075.01 with 100 percent funded by CMS/US HHS. The contents are those of the Nebraska Department of Health and Human Services (DHHS) and do not necessarily represent the official views of, nor an endorsement by, CMS/US HHS, or the U.S. Government.

Appendix

Summary of DHHS Remarks for HCAR Meeting #2

Scheduled July 21-August 27.

General Updates

- The end of Budget Period 1 for RHTP is October 30, 2026. By this date, all Year 1 funds must be obligated (awarded but not necessarily spent).
- DHHS uses a competitive, transparent Request for Applications (RFA) process where it is feasible to identify partners for RHTP project implementation.
- Open opportunities for BP1 are nearly completed. All opportunities (past & present) can be found on the DHHS website here: https://dhhs.ne.gov/Pages/Grant-Opportunities.aspx. The opportunities still open include 1.1 (closes 8/31), 1.3 (closes 8/31), 2.5 (ongoing until funds are exhausted), 3.2 (7/24 or until funds are exhausted), and 5.3 (8/31 or until funds are exhausted).
- All states then enter a review/rescoring period that will determine Nebraska's Budget Period 2 funding level, with notice anticipated in mid-October.

Response to DHHS Questions from Meeting #1

Today's remarks answer some of the top questions raised at those meetings.

Question: What are the HCARs role within the Nebraska RHTP governance structure?

Answer: HCARs are official advisory committees designed to give consensus-based advice and recommendations regarding Nebraska's RHTP project, with your regionally specific insights. As advisory bodies, HCARs do not: 1) Make binding decisions for Nebraska RHTP or 2) Control funds/funding decisions of RHTP

Question: What is/are the form, content, and process for HCAR recommendations?

Answer: There are various forms official recommendations from HCARs can take. Below are some example scenarios. This is not an exhaustive list:

Visioning/prioritization exercises, like the one completed at today's meeting. DHHS will use high priority topics identified by the HCARs to help shape future agendas and identify appropriate speakers/discussions responsive to those priorities.

Minor adjustments to language/scope example: A funding opportunity for Initiative 1 only allows farmers, ranchers, and food hubs to be eligible applicants. The HCARs provide a recommendation (with supporting evidence) that for their region, health departments are

better positioned to receive the awards because they are strong partners and can better manage federal funds to support the intended RFA activities and recommends they be added as an eligible entity.

Non-funding related insights example: A funding opportunity lists dental practices as the eligible entities to apply. HCAR members hear that these entities have little experience on how to write a grant application and complete required activities to manage a federal grant sub-award. The HCARs recommend that a formal technical assistance (TA) resource be created to coach and support these eligible applicants through the application and award process.

Recommendations directly requested by DHHS example: 2.5 CAH to REH –multiple entities have requested surgical machines. DHHS wants to ensure responsible use of our limited resources. DHHS brings this topic to the HCAR to help provide advice/ recommendations on what an appropriate spread/regional distribution of such devices would be to provide this important service at an optimal distribution across the state.

Question: How are official recommendations and responses documented?

Answer: HCAR recommendations will be received through your meeting minutes, which will include details such as the vote on the recommendation and the supporting white paper and/or meeting discussion that took place on the topic before the vote.

Once a recommendation has been voted on and approved by an HCAR (as noted in the meeting minutes), staff will route it to the Operating Committee of RHTP.

Within 15 business days of receipt, an initial response will be sent from the RHTP Operating Committee, outlining any additional clarifying questions or requests for information they might have and sharing next steps of the recommendation review.

Within 30 business days of receipt, a final response will be sent from the RHTP Operating Committee that notifies the HCAR of intended actions to be taken in response to the recommendation. These may include but are not limited to: no action; sharing recommendations with RHAC or Executive Committee for additional review, making or requesting changes to programmatic approach, within the bounds of the RHTP program rules. This formal, written response then becomes an attachment to the next meeting's consent agenda and is published on the dedicated HCAR webpage as part of the agenda/minute records.

HCARs may elect through a formal vote to authorize a designated representative to reach out to the Program Director/Operating Committee to identify a potential recommendation/ area of input for the HCAR to receive guidance on the likelihood of that recommendation to

qualify as a potential area of action/modification for Nebraska's RHTP program, which can be taken back to the next meeting as a verbal report from that designated representative to help the HCAR decide whether they want to pursue making a formal recommendation for a given issue.