Nebraska Rural Health Workforce Incentive Program Additional Frequently Asked Questions

1. I am an Administrator licensed as an RN, but I don't offer clinical care. Do I qualify?
   To qualify, the provider should be providing a minimum of ~~20~~ 32 hours of direct patient care.

2. Why are lab workers not on the list for qualified providers?
   DHHS understands the need for lab workers across the state. As stated on the website (https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx), the program is intended to support clinical services in rural communities through recruitment, retention, or expansion of services offered by a health care provider. One of the requirements is to be licensed, certified, or credentialed with DHHS. Laboratory technicians are not included in the Rural Health Workforce Incentive Program because there is no DHHS-issued license for lab workers with DHHS.

3. I may retire before my contract is complete. Will I be in breach of my contract and have to repay my incentive?
   The Rural Health Transformation Program requires a five-year service commitment. If a provider does not work in rural setting for the full 5 years, the provider will be in default of the contract. The provider can view CMS's Rural Health Transformation Program guidelines here: https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf

4. I have FMLA leave (leave approved through the employer facilitated through the Family Medical Leave Act) through my employer, how does the provider calculate our average annual number of hours to see if I qualify?
   It is up to the provider's employer to determine the best way to calculate average number of hours worked, which could exclude approved leave.

5. I am not a US citizen, but I have a current H1B work visa and visa permit, would I be a qualified alien?
   Providers must be U.S. citizens or qualified aliens (Neb. Rev. Stat. §§ 4-108 to 4-114).

6. What if the provider currently lives in Nebraska-but are planning to move to South Dakota.
   To be eligible for this incentive, providers must be Nebraska residents.

7. Will these slides be available? Perhaps on the NE-DHHS / RHTP website.
   Yes, the slides will be posted after May 5, 2026 on the website: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

8. What about volunteer firefighters who respond to ambulance calls but are not a certified provider?
Licensed Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics qualify, either volunteer or paid. Firefighters do not qualify.

9. Can the provider please let us know how the Medicaid percentages are determined? (% of patients; % of charges; % of revenues?)
Medicaid percentages are calculated by the number of annual Medicaid claims (there can be more than one claim per patient) divided by the annual number of patient visits (there can be more than one visit per patient).

10. Perhaps the provider should define "frontier".
There is a well-established definition of "frontier", provided by the U.S. Health Resources and Services Administration (HRSA). Frontier counties are those with population per square mile of less than seven people.

11. Do applicants need to provide direct patient care? If so, how is that defined? Is there a percentage of their job that needs to be providing direct patient care vs management or operational responsibilities?We have leaders (managers and directors) that have applied who oversee a team that has direct patient care, but they do not provide direct care in their role.
To qualify, the provider should be providing a minimum of ~~20~~ 32 hours of direct patient care. Direct patient care/clinical services are activities where providers work to assess, support, and address patients' physical, mental, or behavioral health.

12. What is the estimated total cost to the employer per participant?
*Employers must contribute a **10% yearly cost share** for each provider. The cost share can be an activity that employers are already doing, such as providing health insurance or educational stipends. Additional cost share examples include continuing education, training, license fees, preceptorships, or other approved contributions.*

13. I am currently in Florida and relocating to Nebraska around June 20. For my address section, do I use FL address or wait till I relocate?
The application window is open until June 30, 2026. The provider can apply once they have a Nebraska address.

14. What is the date range the provider is using for year one Medicaid Participation requirements? We have data for 2025 but cannot predict for current year or future years.
The contract period for year 1 runs from 8/1/2026 to 7/30/2027. At the end of the first contract year and subsequent contract years DHHS will request Medicaid participation data. The employer must provide the date range of the data submitted and include an explanation for why that date range was used.

15. Just to clarify, I currently live in an urban area but work in a rural location. If I received the award and moved to a rural area, would I be eligible for the relocation award?
Relocation awards are made based on where a provider is offering services. If the provider's service area does not change with a move in their home address, it would not affect the type of award they receive. If the change in home address means an expansion of services offered in rural counties, then it could qualify for a relocation award. Please contact the Office of Rural Health at dhhs.ruralhealth@Nebraska.gov or 402-471-2337 to better discuss your individual circumstances.

16. By relocation, does the provider mean moving and living in a rural area? Or if the provider will travel to the rural area daily for work that will count?
Relocation awards are for providers moving from urban to rural areas or expanding service locations in rural areas. Relocation awards are made based on where a provider is offering services not necessarily based on where they live in Nebraska. Providers must live in Nebraska and provide care in rural counties.

17. If the provider is not a medication aide but intends to get certification, can the provider still apply?
The provider would need to be licensed, certified, or credentialed by DHHS and employed by 8/1/2026.

18. Where can I access the application?
Please visit https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx to access the application.

19. Will employees receive confirmation of verification by employer?
Yes, after the employer verifies employment, both the employer and provider will receive an email notice. However, this notification to the provider was implemented on April 27, 2026. Some initial applicants may not have received an email after the employer verified employment. Contact dhhs.ruralhealth@Nebraska.gov or 402-471-2337 for more information.

20. Is the amount individuals receive paid out over the 5 years, or is it a one-time payment?
The provider will be paid a yearly payment following completion of employment verification.

21. I moved from a non-qualified area to rural area in March 2026. Do I qualify for the relocation?
Relocation awards are for providers moving from urban to rural areas or expanding service locations in rural areas. Relocation awards are made based on where a provider is offering services not necessarily based on where they live in Nebraska. Providers must live in Nebraska and provide care in rural counties. Any instances of expansion or relocation must have been initiated on or after April 9, 2026, to qualify for relocation or expansion incentive. Please contact the Office of Rural Health at dhhs.ruralhealth@Nebraska.gov or 402-471-2337 to better discuss your individual circumstances.

22. Could the provider provide more examples of the facility cost share options?
Examples of facility cost-share options include contributions toward health care premiums, retirement plans or other investments, stipends for education, relocation, and childcare, and payment for continuing education credits or licensure fees. The employer may be already contributing to some of these options. If the value of the contribution is 10% of the award, existing contributions prior to the award are allowed.

23. Can EMR's apply for this incentive?
Please visit the website to see a full list of eligible providers: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

24. Do those who work at ambulatory surgical centers qualify?
To be eligible, healthcare providers must meet all the requirements of the program. Please visit the website to see the requirements of the program: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

25. Under Volunteers must respond to 20% of their station's calls - can I assume this refers only to EMS calls? Or would that include 20% of ALL calls at their station?
Qualifying EMS providers, volunteer or paid, must respond to 20% of their station's calls as reported by ENARSIS. In addition, they must attend at least half of their station's training courses and meetings, which will be verified by the station's leadership.

26. Does an individual have to hold a specific medical license to qualify? What about a community support worker?
Community support workers do not qualify for this program. To view a full list of eligible DHHS-licensed, credentialed, or certified providers, please visit the website: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx

27. If I provide therapy in the schools for the ESU#2 am I eligible? Or would I have to apply for my private practice?
Eligible providers working in schools and ESU's could be eligible if all the requirements of the program are met. Please visit the website to see the requirements of the program: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

28. What are the requirements for ongoing employer verification through the 5-year timeline?
Employer verification will occur via email two times per year. In the first year the application is considered one of the two verifications. The verification will review hours worked, Medicaid participation, and cost share commitments. The provider will receive their annual payments based on the completed verification.

29. So, a C.N.A. that will soon be becoming an LPN or RN, can they apply for the LPN or RN if they may not get license until July?
Yes, however the provider must hold the active DHHS issued license, certification, or credential and be working by 8/1/26.

30. Are self-employed providers who work in private practice eligible to apply?
Private practice and self-employed providers are eligible to apply and must meet all program requirements. Visit the website for more information: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

31. I submitted my application. Was there a portion on the application I was supposed to not answer and leave for my employer?
Once the provider application is submitted, the form is emailed to the employer who will verify the application submission and complete their portion of the form.

32. Can I only apply for this program or the NE state loan repayment program? Or can I apply for both?
State statute does not allow for the NE Loan Repayment Program to be awarded concurrently with other state programs like RHTP. Please call the Office of Rural Health at (402) 471-2337 to discuss this issue with the NLRP Program Manager.

33. Assuming applications exceed funding, what are the deciding criteria for awarding to providers? Could one provider at a facility be awarded and another provider at the same facility not be awarded?

If applications exceed funding, certain factors will be considered to assist DHHS in prioritizing applications for award decisions. Visit the website for more information: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-Incentive-Program.aspx.

34. When the employer is asked how many patients have been seen on the verification email, do we list then entire clinic setting amount or just the individual applying for the grant?
Medicaid data representing overall facility participation can be used. Medicaid percentages are calculated by the number of annual Medicaid claims (there can be more than one claim per patient) divided by the annual number of patient visits (there can be more than one visit per patient).

35. Also, what qualifies for expansion. I am in Kearney (Buffalo) county. I have a mental health practice; we offer medication management and counseling. I'm also an employee. We are currently expanding to offer more providers. Does that qualify me for the expansion?
Expansion means that the practice, clinic, etc. has opened new locations in other rural areas to expand access to care. If the provider hires providers who are licensed and working by 8/1/26 and are moving from non-rural to rural Nebraska counties or from out of state to rural counties in Nebraska, they can apply for the relocation award.

36. I'm a part of a DSO. Is the Medicaid percentage based off my location or the entire company? Also is it based off me as a provider if in a large group practice?
The Medicaid participation level is calculated using data from your location.

37. When will determinations for who gets the incentive be made and how will we be notified?*Applications will be reviewed after the application window closes on June 30, 2026. Providers who are awarded will be notified by mid-July.*

38. For behavioral health providers, can time spent in clinical supervision for other providers count as clinical hours?
To qualify, the provider should be providing a minimum of ~~20~~ 32 hours of direct patient care.

39. It says the employer doesn't have to contribute to the 10% share of cost, is this correct? does that end up coming out of the amount for the applying provider?
The employer is required to provide a 10% cost share. This cost share represents the employer's commitment to contribute an amount equal to 10% of the value of the provider's award to the provider and should not come from the provider's salary. The cost share requirement can be fulfilled in a variety of ways. Please refer to the program's website for details: https://dhhs.ne.gov/Pages/Nebraska-Rural-Health-Workforce-IncentiveProgram.aspx

40. We have been informed by our administration that this is only for employees who are involved in direct patient care, is this true, and if so, what are the defined criteria for direct patient care?
To qualify, the provider should be providing a minimum of ~~20~~ 32 hours of direct patient care. Direct patient care/clinical services are activities where providers work to assess, support, and address patients' physical, mental, or behavioral health.

41. How long after a provider applies will the employer get their information to fill out?

The employer should receive a notification email immediately after the provider submits their application. The verification email will arrive at the email address that was listed on the provider's application.

42. I am disappointed to see that Long Term Care Administrators are not on the list. Will they be added?
    The Rural Health Workforce Incentive Program is limited to those who provide direct patient care rather than administrative duties. Therefore, Long Term Care Administrators are not on the list of eligible providers.

43. What documentation will need to be submitted to fulfill the employer's 10% contribution?
    The provider will attest on the annual employment verification forms which are subject to audit.

44. If employees who are looking to relocate to rural areas are making decisions based on funding should they wait to accept job offers?
    Providers must be licensed and employed to provide services in a rural area on or prior to 8/1/2026, which is the start date of the contract with DHHS.

45. I am a pharmacy business owner and a staff pharmacist, am I eligible?
    Yes, please see the list of provider types eligible for this program: https://dhhs.ne.gov/Pages/NebraskaRural-Health-Workforce-Incentive-Program.aspx.

46. Do hours include just the number of patient hours? Is an 8-5 day a 9-hour day? Just trying to clarify if patient hours are the only ones that count as work.
    Providers must work a minimum annual average of ~~20~~ 32 hours per week in a rural clinical setting providing direct patient care.

47. If applications exceed the funding requirements is there a possibility of reduced grant amounts to spread out the awards?
    DHHS does not intend to reduce grant amounts to fund more awards.

48. Can multiple people in a private practice apply? Would they all be eligible?
    Any providers who meet the eligibility requirements can apply, including those in private practice.

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