

# 2025-2026 Indian Health Grant Program

## QUESTIONS AND ANSWERS

Updated September 25, 2024

### **Q1. Would this grant allow us to upgrade our telemedicine technology in the clinic to treat members off the reservation?**

A1. Yes, the grant funds may be used to upgrade telemedicine equipment to provide services to members who live off the reservation.

### **Q2. Are Higher Education Institutions eligible to apply for the Indian Health Grant?**

A2. No, Higher Education Institutes are not eligible to apply for the Indian Health Grant at this time.

### **Q3. For nonprofit organizations, does the required letter of support have to come from a Tribal Nation?**

A3. For nonprofit organizations that were not created for and specifically focused on serving American Indian people, collaboration on the grant work plan with the American Indian patient population or established organizations representing the American Indian population is required. Letters of support must describe how American Indian people who are patients or the collaborating organization helped develop the project work plan for this grant.

For example, the letter of support could be from a Tribal Nation, an American Indian patient focus group that provided input into developing culturally formed services, or from another organization that was created for and is specifically focused on serving American Indians. The goal of the required letter of support is to ensure that American Indians had input into what services were needed and how to provide services in a culturally informed way.

### **Q4. Can we apply for this grant to offer free services for tribal members or other patients (but most of our patients are from the reservation) although they do not go to the reservation clinic or Indian Health Service Clinics for care?**

A4. No. The authorizing statute for the Indian Health Grant, [Minnesota Statute 145A.14](#), provides funding for clinical health services for American Indian people that reside off reservations. This means that funds cannot be used to fund services for tribal members who live on the reservation, regardless of where they seek care. Funds can only be used to provide clinical services for American Indian people who live off the reservation.

## **Q5. Can we use grant funds to buy gift cards to provide an incentive for staff to attend optional training outside of their normal working hours?**

A5. Yes, you can use grant funds to provide an incentive for staff to attend optional training outside of their normal working hours. However, there are several requirements that grantees must follow in order to do so:

- Pre-paid gift cards are the same as having cash on hand and must be treated as such. The costs of incentives are to be reasonable and in compliance with any grant agreement restrictions, terms, and conditions. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The question of reasonableness is particularly important when the grantee is predominantly federally funded. In determining reasonableness of a given cost, see 2 CFR 200.404.
- Grantees must follow their current purchasing policies and procedures.
- Grantees must have, and follow, an asset tracking policy and procedure. Incentives are considered assets.
- Grantees must provide MDH with a copy of their purchasing and asset tracking policy and procedures before purchasing any incentives.
- Grantees must train grantee staff on purchasing and asset tracking policies and procedures.
- The grantee's asset tracking policy and procedure must include proper separation of duties:
  - More than one grantee staff person must be involved in the handling of the incentives.
  - The person authorizing the purchase of the incentives cannot have physical access to the incentives.
  - The people who will have physical access to the incentives cannot have access to modify records.
  - Unused incentive instruments must be safeguarded at all times.
- Grantees must use a tracking system that will document purchased and disbursed incentives. Tracking system can be kept electronically or in paper form, as long as it is compliant with these requirements. The tracking system cannot contain any identifying and or private participant data. The tracking system, provided by the MDH Grant Manager, must record the following:
  - Number of incentives on hand, including starting balance and any additional incentives purchased,
  - description of the incentive,
  - quantity of incentive(s) received by each participant,
  - identifying information of the incentive

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- if a gift card is used, include the last four digits of the card number,
  - if a gift card is not used, include, if possible, any other identifying information for
  - each incentive, such as a serial number,
  - value/amount,
  - a unique non-identifiable data point for each participant (e.g. case number, file number),
  - date participant received incentive(s), and
  - signature of grantee staff member providing incentive(s) to participant. Grantees can determine how to capture staff signature on tracking form.
- Whenever possible at least two grantee staff must reconcile the incentives at least quarterly. This reconciliation confirms and certifies, through their signature, the purchasing, distribution, and on-hand inventory is correct. Grantees must submit the signed tracking form of incentives to MDH after each quarterly reconciliation.
  - In the event purchased incentives cannot be fully distributed during the grant award period, the Grantee has two options, both of which must be discussed with their MDH Grant Manager prior to implementing either option:
    - Option A: Grantee can contact the vendor from whom the incentives were purchased to inquire about returning unused incentives for a refund or a credit to be used for future incentives purchases. Grantee should talk through this option with their MDH grant manager as the funding and/or an upcoming end date of the grant might not allow for a credit. Any credit must be used during the same grant agreement.
    - Option B: Grantee can refund MDH the value of any non-distributed incentives. Those incentives can then be used by the grantee in any way the grantee wants with no ties or responsibilities to MDH.
      - For example: Grantee has \$100 worth of Visa gift cards that were not distributed in the time frame allowed. Grantee wants to keep the incentives and use them for other activities not related to the MDH grant. Grantee must repay MDH the \$100 they were already reimbursed for those incentives and then the incentives become property of the Grantee who is free to use them for other allowable purposes.
      - Grantee and MDH Grant Manager should each keep a copy of the completed reconciliation log showing which incentives were distributed as part of the grant program, which ones were not, and which ones the Grantee is keeping for other purposes. There should be documentation of the amount being repaid to MDH and it should match the value of the incentives being kept by the Grantee.

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- The Grantee can either (a) short pay a future invoice by the amount of the undistributed incentives the Grantee wants to keep for other purposes, the invoice must include clear documentation why it is being short paid; or (b) the Grantee can send a check directly to MDH Accounts Receivable, made out to 'MN Dept of Health, Attn: Accounts Receivable, PO Box 64975, St. Paul, MN 55164-0975. Grantee should include the name of their MDH Contact on the check in case there are issues with the deposit, so MDH A/R has someone to contact. MDH Grant Manager should work with their area's cashier to send a cash receipt form for the check to MDH A/R prior to the check's arrival. MDH A/R staff will match up the check (from the Grantee) and cash receipt (MDH staff) once both arrive. Funds will then be deposited to the MDH funding string listed on the cash receipt.
- Option C: If MDH purchased incentives for the grantee to distribute, and there are incentives not yet distributed at the end the grant agreement, the grantee must return the remaining incentives to MDH within 30 days of the end of the grant agreement. The grantee must contact the MDH Grant Manager to discuss how the remaining incentives will be returned to MDH safely and securely.
  - More than one grantee staff person must be involved in the handling, tracking of, and signing for, unused incentives.
  - Grantee staff must count the remaining incentives, indicate the quantity remaining on the tracking log, and sign/date the tracking log.
  - Grantee must keep a copy of the signed tracking log for their own files.
  - The tracking log must be submitted to MDH separately from the incentives, preferably via email.
  - Grantee must arrange for delivery of incentives to MDH using a delivery that requires a signature upon receipt at MDH (e.g. "Certified Mail," "Delivery Confirmation," "Registered Mail," "Return Receipt"). Alternatively, the grantee can hand deliver the incentives themselves to their MDH Grant Manager at any MDH office locations.
  - Grantee is responsible for the value of any and all unused incentives until incentives are in MDH's possession, counted, and verified. Grantee will bear the cost of any unaccounted incentives.

**Q6. While most of the population, 80% are Native Americans, served through our organization, the other 20% are multi-racial (Hispanic, Black, Multi-racial, White), could we still apply for this grant and if awarded could the monies be used for all within the community we serve? Or would these monies only be applied to Native American Indian services offered within the community?**

A6. The statutory requirement ([Minnesota Statute 145A.14](#)) is that the funds must be used for furnishing health services for American Indian people who reside off reservations. As such, the funds may only be used for supporting services for American Indian patients. You are eligible to apply for the grant as long as the project uses funds only to support the Native American patients at the clinic.

**Q7. Our organization is looking at this grant as a way to expand access to and use of screening technologies such as blood pressure, Lipids, A1c, etc. to populations who don't get screened often enough. Our focus is on reducing disparities in heart disease/stroke and diabetes. We would be contracting with a clinical health provider to come in and do this at times when our participants are in our building. We would be using the funds to help pay for providers to attend, conduct the screening and providing the results back along with counseling necessary to help them understand their results. Would this type of project be eligible for this funding?**

A7. Yes, the activities described would be eligible activities for the grant if provided to American Indian people that live off reservations.

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