MINNESOTA
RURAL HEALTH TRANSFORMATION

RHTP: Rural Clinical Fellowship for Advanced Practice Providers and Other Clinicians Questions and Answers

JULY 13, 2026

Q1. I participate a program for indigenous Certified Professional Midwives through the Midwest Maternal Child institute. I am curious if the parameters for funding could be expanded to support a Certified Professional Midwife fellowship as well. Minnesota currently offers reimbursement through Medicaid for certified professional midwives and doulas.

A1. An accredited clinical training program within an accredited institution of higher education in Minnesota for Certified Nurse Midwifery is eligible to apply. All applicants must include a formal collaboration between 1) at least one eligible, accredited clinical training program within an accredited institution of higher education in Minnesota and 2) at least one eligible clinical practice setting in RUCAs 4-10 in Minnesota. The partnership must be established or in development. Either partner may serve as the primary applicant.

Q2. I wanted to clarify whether the grant requires that our current fellowship programs be accredited?

A2. Current fellowship programs do not have to be accredited; however, grantees are strongly encouraged to seek accreditation for their fellowships if applicable.

Q3. When do you expect applications for year 2 to come out if we may not see approval for year 1 until late august?

A3. Per CMS, States will receive their awards in late October or early November. Applications for year 2 are expected in early 2027.

Q4. I am wondering about the accreditation requirement for application. Eligible expense includes seeking accreditation, if this is in the proposal, does the program need to have existing accreditation in place?

A4. Applicants do not need to have existing accreditation of the fellowship in place; however applicants need to either outline if they have plans to seek accreditation of the fellowship. Applicants and recepients are strongly encouraged to seek program accreditation if applicable through this funding.

Q5. In regard to the service agreement - are beneficiaries required to stay at a certain site or just stay in Rural MN?

A5. Recipients of the funding are required to work in rural Minnesota for the five-year service commitment. Note that for the RHTP, rural communities are defined by the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) of Minnesota communities considered rural by this definition can be found on Office of Rural Health and Primary Care Funding (https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html). Recipients are not required to stay at the local site where they completed their fellowship for the five years.

A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.health.state.mn.us%2Ffacilities%2Fruralhealth%2Ffunding%2Fgrants%2Fdocs%2Fmnruca.xlsx&wdOrigin=BROWSELINK)

Q6. Most Advanced Practice Clinician Fellowships (postgraduate) are not accredited as there is not consensus on an accrediting body, and fellowships often include both Physician Assistants/Associates and Nurse Practitioners. Does the fellowship need to be accredited, or the school where clinicians complete their graduate degree need to be accredited?

A6. The fellowship sites do not need to be accredited. The school where clinicians completed their graduate degree must be accredited along with the accredited institution of higher education in Minnesota that the fellowship program is partnering with.

Q7. Is there a link to the RUCA 2020 map? I found the excel on MDH website but only 2010 map for RUCAs

A7. We are currently working to publish the map of Minnesota designated by 2020 RUCA codes on the MDH website, however, it can be found on **slide 9** of the Rural Clinical Fellowship for Advanced Practice Providers and Other Clinicians Informational Webinar (PDF) (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/docs/appslides.pdf), which is on the Rural Health Transformation Program Funding (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html) website.

Q8. For planning purposes- specifically funding, will Year 2 be a similar rollout to Year 1: grant specific to hospitals, etc., then move into competitive pieces?

A8. Per CMS, States will receive their awards in late October or early November. Applications and amounts available will be communicated for year 2 in early 2027.

Q9. Is there opportunity for Technical Assistance calls?

A9. Because this is a competitive opportunity, we cannot provide individual assistance. All questions regarding this RFP must be submitted by email to Grants.ruraltransformation.mdh@state.mn.us.

Q10. Could you please provide additional clarification regarding the eligibility requirements for a clinical practice setting located in a Minnesota area designated as RUCA 4–10?

Specifically, does the primary physical location of the clinical practice need to be situated within a RUCA 4–10 area to qualify? If our organization partners with a school district located within a RUCA 4–10 area and provides counseling and consultation services on-site, would that partnership and service delivery location satisfy the eligibility requirements?

A10. The primary fellowship site must be in a RUCA 4-10 location in Minnesota. Rural communities are defined by the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) of Minnesota communities considered rural by this definition can be found on the Office of Rural Health and Primary Care Funding (https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html) webpage.

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Q11. Could you clarify the timing of funding years and budget periods? What period should we be using to build our year 1/budget period 1 budget as well as the following years/budget periods?

A11. Year 1, budget period 1 is from the time the grant agreement execution through October 30, 2026 (with an additional spending period through September 30, 2027 available for grantees demonstrating a compelling need).

Future budget periods are as follows:

Budget Period 2: October 31, 2026 – October 30, 2027 - If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)

Budget Period 3: October 31, 2027 – October 30, 2028 - If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)

Budget Period 4: October 31, 2028 – October 30, 2029 - If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)

Budget Period 5: October 31, 2029 – October 30, 2030.

Q12. Would conference travel outside of the state of Minnesota to disseminate results and best practices of the rural clinical fellowship program be an allowable expense?

A12. Traveling outside of Minnesota to disseminate results is an allowable expense under administrative costs. Note, administrative costs, both direct and indirect, cannot exceed 6% of your total budget.

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