Minnesota Rural Health Transformation Program Grants – Rural Certified Community Behavioral Health Clinics and Community Mental Health Centers Application

NOTICE OF GRANT OPPORTUNITY (NOGO)

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www.health.state.mn.us

3/18/2026

To obtain this information in a different format, call: 651-201-3838.

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NOGO Part 1: Overview

1.1 General Information

- **Announcement Title**: Minnesota Rural Health Transformation Program Grants –Rural Certified Community Behavioral Health Clinics and Community Mental Health Centers
- **Minnesota Department of Health (MDH) Program Website**: Rural Health Transformation Program - MN Dept. of Health
- **Application Deadline**: Applications accepted and reviewed on a rolling basis until May 26, 2026, 4:30 p.m. Central Time

1.2 Program Description

The federal Rural Health Transformation Program (RHTP) was created by H.R.1 (Section 71401 of Public Law 119-21) on July 4, 2025. It is a federal initiative to help states support rural communities in improving health care access, quality, and outcomes by transforming the health care delivery ecosystem. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. The federal program will grant up to $50 billion to states over five budget periods.

The Minnesota Department of Health (MDH) was awarded approximately $193 million by the Centers for Medicare & Medicaid Services (CMS) for the first budget period to transform the rural health system in Minnesota. Most of the funding will be distributed in grants to rural and Critical Access hospitals, rural Tribal Nations, Federally Qualified Health Centers (FQHCs), and rural Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Centers (CMHCs).

Grant recipients will select activities from broad RHTP initiatives designed to advance the overarching goals of improving health outcomes and access to care for rural Minnesotans, sustainably expanding the rural health care workforce, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

1.3 Funding and Project Dates

Funding

Funding will be allocated to eligible organizations using formulas based on criteria outlined during the development of Minnesota's RHTP. Eligible entities can be found in Attachment A. Formulas may be subject to change in future years.

Entity Type	Budget Period 1: Grant Agreement execution date through October 30, 2026	Budget Period 2: October 31, 2026 – October 30, 2027	Budget Period 3: October 31, 2027 – October 30, 2028	Budget Period 4: October 31, 2028 – October 30, 2029	Budget Period 5 October 31, 2029 – October 30, 2030
Certified Community Behavioral Health Centers (CCBHCs) and Community Mental Health Centers (CMHCs)	2% of MN's RHTP Award	2% of MN's RHTP Award	2% of MN's RHTP Award	2% of MN's RHTP Award	2% of MN's RHTP Award

Entity Type	Estimated Number of Awards	Estimated Maximum Award in Budget Period 1
Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Centers (CMHCs)	16	$240,000

Applicants may request up to the maximum award. If funding remains after all eligible applicants that submitted by the deadline have received their grants, additional funds may be offered to those grantees, or a new Notice of Grant Opportunity may be published. If funding remains after all eligible entities have had an opportunity to request funds, funding may be redirected toward other, competitive RHTP grant programs.

A grantee may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date, whichever is later.

The initial grant agreement is expected to start in June 2026 (or earlier if an applicant submits early in the application period) and run through October 30, 2030, if CMS continues to fund Minnesota's RHTP. Each year MDH will amend the grant agreement to add funds based on that year's CMS award to Minnesota and the allocation formulas outlined above.

Applicants will submit a detailed work plan and budget for the first budget period. Work plans and budgets for future budget periods will be submitted annually.

The budget periods for the grant are as follows:

- Budget Period 1: Grant Agreement execution date – October 30, 2026 (grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period)
- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030

Funds should be fully spent in each budget period. If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through September 30, the end of the following federal fiscal year). However, CMS will evaluate Minnesota's spending and progress toward our goals and metrics at the end of each budget period. Our results during the budget period will determine whether Minnesota receives an RHTP award for the next budget period and the amount of that award.

Match Requirement

There is no match requirement for this grant.

Estimated Project Dates

- **Notice of Grant Opportunity published:** March 18, 2026
- **Applications due:** Applications accepted and reviewed on a rolling basis until May 26, 2026, 4:30 p.m. Central Time
- **Grant Agreements begin (estimated):** Grant agreements will be executed on a rolling basis in May and June 2026
- **Grant Agreements end:** October 30, 2030

1.4 Eligible Applicants

Eligible applicants are the rural Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Centers (CMHCs) listed in Attachment A.

Grant funds are not transferable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

1.5 Questions and Answers

The MDH Office of Rural Health and Primary Care (ORHPC) is administering Minnesota's RHTP. ORHPC staff will be available to answer questions and provide guidance as eligible applicants for these formula-based, non-competitive grants prepare their applications.

Applicants are strongly encouraged to reach out to ORHPC with questions early in the application period. Regular appointments to discuss questions and provide guidance on

application preparation will be held via Microsoft Teams. To request technical assistance (TA), please complete the Rural Health Transformation Application Technical Assistance Request (Microsoft Forms). TA meetings will be scheduled within two weeks of request. Please submit TA requests no later than April 20, 2026.

Questions regarding this Notice of Grant Opportunity may also be submitted by email or phone to grants.ruraltransformation.mdh@state.mn.us or 651-201-3838. Answers will be posted within seven business days at Rural Health Transformation Funding. Please submit questions no later than 4:30 p.m. Central Time on April 20, 2026.

NOGO Information Meeting

Join the Notice of Grant Opportunity Information Meeting (Microsoft Teams) on April 1, 2026, 1-2 p.m. Central Time. A link will also be provided at Rural Health Transformation Funding.

All prospective applicants are strongly encouraged to attend. Materials from the meeting, including slides and questions and answers, will be posted at Rural Health Transformation Funding within seven business days following the meeting.

NOGO Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (PDF) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will support the eligible organizations listed in Attachment A in serving rural communities. Rural communities are defined by the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10.

Grant outcomes will include:

- Improving health outcomes for rural Minnesotans with or at risk of developing cardiovascular disease, diabetes, and chronic kidney disease (cardiometabolic disease).
- Building education pathways and promoting training opportunities in rural communities to sustainably expand the health care workforce in rural Minnesota.
- Expanding health care access in rural communities by creating new access points for community-based screenings, preventive care, and chronic disease management through technology-enabled care delivery, mobile care, and increased use of community-based frontline workers.
- Strengthening partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions.
- Strengthening and stabilizing rural provider financial health through strategic investments in technology, data infrastructure, and collaborative mechanisms needed to address unique needs of rural providers.

2.2 Eligible Projects

See Attachment B for descriptions of each RHTP activity and eligible expenses. Applicants will select activities from at least two of the five broad initiatives. Ineligible expenses are listed in Attachment C.

All grant-funded activities must be either entirely new or expansions of existing activities. When expanding a program or initiative, grantees may apply RHTP funds only to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by non-RHTP funding sources.

In addition to working on their selected activities, all grantees will participate in statewide learning communities. Learning communities will provide opportunities to gather in person and virtually to learn from one another and share insights, successes and challenges related to implementing RHTP. Learning communities may focus on specific activities or initiatives or bring grantees together to discuss broader aspects of RHTP, such as strategic planning and evaluation. More information about learning communities will be shared with grantees.

2.3 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Grantees should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place and MDH's Authorized Representative has notified the Grantee that work may start.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Applicants can review a sample grant agreement on MDH Grant Resources.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

RHTP progress reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

Grantees that wish to submit progress reports and financial reports monthly or more frequently may request this, and MDH will strive to accommodate those requests. ***Please note that an updated progress report must accompany every financial report.***

Grant Monitoring

Minn. Stat. § 16B.97 and Policy on Grant Monitoring (PDF) require the following:

- One monitoring visit during the grant period on all state grants over $50,000
- Annual monitoring visits during the grant period on all grants over $250,000

- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000

In keeping with these requirements, each year MDH will conduct at least one in-person or virtual monitoring visit and at least one financial reconciliation on RHTP grants.

Technical Assistance

MDH staff will be available to provide technical assistance as needed to all grantees. This includes topics such as progress reporting, reimbursement processing, community engagement, subcontracting, and addressing project implementation challenges. Please direct all questions related to this grant to your grant manager, once assigned, or the Rural Health Transformation Grants Team at 651-201-3838 or grants.ruraltransformation.mdh@state.mn.us.

Grant Payments

Per State Policy on Grant Payments (PDF), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. MDH will review each request for reimbursement against the approved grant budget, grant expenditures to date, allowable expenditures, and the latest grant progress report before approving payment. Grant payments will not be made on grants with past due progress reports.

A reimbursement request (invoice) form will be provided to grantees prior to the first reporting period. Grantees will submit supporting documentation with each financial report; supporting documentation must provide proof of expenses incurred and paid. MDH will provide guidance and training to grantees on financial reporting.

RHTP financial reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

Grantees that wish to submit progress reports and financial reports monthly or more frequently may request this, and MDH will strive to accommodate those requests. ***Please note that an updated progress report must accompany every financial report***.

2.4 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA) Minn. Stat. § 363A; See e.g. Minn. Stat. § 363A.02. The MHRA is enforced by the Minnesota Department of Human Rights. Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

A Single Audit is required for non-federal entities (nonprofits, governments, Tribal Nations) that expend $1 million or more in federal awards during their fiscal year. A Single Audit involves a financial statement audit and compliance review, with reports filed with the Federal Audit Clearinghouse within 30 days of receipt or nine months after fiscal year-end.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01: Conflict of Interest Policy for State Grant-Making.

Applicants must complete Applicant Conflict of Interest Disclosure form (PDF) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- A grantee or applicant is unable or potentially unable to render impartial assistance or advice
- A grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- A grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- An applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this Notice of Grant Opportunity/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Non-Transferability

Grant funds are not transferable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

All applications submitted in response to this Notice of Grant Opportunity will become property of MDH. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested is public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37,

subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that is believed to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials believed to be trade secret; and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this Notice of Grant Opportunity, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. MDH will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by MDH to disclose information determined to be trade secret information will be made consistent with the Minnesota Government Data Practices Act (Ch. 13 MN Statutes) and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

2.5 Review and Selection Process

Review Process

Grant awards will be made according to the formulas referenced in section 1.3. Award amounts may vary from the estimated amounts depending on the number of eligible entities that apply and the amounts requested by eligible applicants.

The award decisions of MDH are final and not subject to appeal. Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The Notice of Grant Opportunity does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this Notice of Grant Opportunity if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this Notice of Grant Opportunity. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete.
- Per the terms of the federal award from which these funds are originating, MDH is required to obtain prior approval from CMS, the federal awarding agency, of selected entities before issuing grant agreements. MDH must provide the names of selected entities, proposed grant amounts, and other details as requested. Only after CMS approves MDH's list of selected entities can MDH enter into grant agreements with the selected entities. The timeline for MDH to obtain CMS approval for the selected entities is not known as of the date this RFP was posted.

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

State policy requires MDH to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with the **Policy on Pre-award Risk Assessment (08-06)** on MN Department of Administration's Grants Management Policies, Statutes and Forms.

Notification

As applications are accepted on a rolling basis, MDH anticipates reviewing the applications promptly, then working with applicants to refine budgets and work plans and confirm award amounts.

NOGO Part 3: Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time on May 26, 2026.

If the application is not received by the deadline, then any application in response to this Notice of Grant Opportunity will not be considered. If funding remains after all applicants that submitted by the deadline have received their grants, additional funds may be offered to those grantees, or a new Notice of Grant Opportunity may be published.

It is the applicant's sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH will not be responsible for delays caused by mail, delivery, computer, or technology problems.

Acknowledgement of application receipt. The ORHPC Online Grants Portal will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application.

If you do not receive an automated email confirming submission, or encounter any other issues with the online application, please contact us promptly at grants.ruraltransformation.mdh@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

Applications must be submitted electronically through the ORHPC online Grants Portal.

Please reference the ORHPC Grantee Guide (PDF) for information on account creation, password recovery, application creation, and collaboration.

- Existing users: If your organization has a grant with ORHPC, and you already have a user account, please enter your login credentials. If you forgot your password, please use the "Forgot your Password?" link to reset your password.
- New users: If your organization does not already have a profile in the system, you will need to create an account. Please click on "Create New Account" to complete the registration process and create your login credentials.
- Not sure? If you think that you or someone at your organization has already registered your organization in the system, do not create a new account. Please contact the program administrator at grants.ruraltransformation.mdh@state.mn.us to receive a username and password.

Once in the system, click on the "Apply" link located on the upper tool bar on the home page. You will be redirected to a list of open applications in the system; select the appropriate program. Read **Part 4: Application Guidance** in this document for further instructions on how to address the application questions in the online portal. If you have any questions, please submit them to: grants.ruraltransformation.mdh@state.mn.us.

3.3 Application Instructions

You must complete all required fields in the online application form for your application to be considered complete.

Incomplete applications may be rejected.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this Notice of Grant Opportunity, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this Notice of Grant Opportunity will be borne by the applicant.

NOGO Part 4: Application Guidance

Section 1: Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification information for contracting purposes. This project is funded with federal dollars. Applicants must provide their Unique Entity Identifier (UEI) Name and Number.

Section 2: Project Information

Includes contact information for the Authorized Organization Representative (AOR), Fiscal Management Officer, and Contact Person for the Project Administration.

Section 3: Organization Background

Organization Overview

Provide a brief overview of your organization's location(s) and service area(s). Describe your organization's staffing and administrative structure. How many patients does your organization serve annually, and what is the number of patient encounters each year? Please describe any unique characteristics or circumstances pertaining to your organization.

Overarching RHTP Goals

Describe how the specific projects you will undertake as part of your selected activities will work in coordinated ways to advance the RHTP goals of improving health outcomes and access to care for rural Minnesotans, sustainably expanding the rural health care workforce, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

Transformative Impact

What is transformative about the specific projects you will undertake? What lasting changes will result for your organization and your rural communities? How will these transformative changes be sustained? How will they help prepare your organization for future changes?

RHTP Project Management

List each member of your organization's core project management team for RHTP, along with their job title. Identify your RHTP project leads. Describe the structure of the team, the frequency of meetings, and any specific project management plans to ensure that your grant activities fulfill all RHTP requirements. Identify staff members who will likely attend RHTP statewide learning communities (other attendees not listed here will also be welcome).

Administrative Costs

Describe your anticipated administrative costs associated with implementing RHTP, including both **direct and indirect** expenses. Please note that your administrative costs **may not exceed 6% of your total budget** in budget period 1. Administrative cost limits are subject to change to ensure that the entire program stays under the CMS cap on administrative costs.

Costs generally considered administrative include, but are not limited to:

- Staff time for personnel (such as administrative professionals or executive directors) who support RHTP work but are not directly involved in implementation/delivery of activities.
- Costs related to reporting to MDH, such as staff or contractor time to complete and submit reports.
    - Note that program evaluation activities that are integral to implementing and continually improving your program, including collecting and using data to implement your activities, will generally be considered programmatic costs, not administrative costs. But costs associated with reporting data to MDH are administrative.
- Costs associated with grant compliance activities, such as setting up budgets and tracking expenditures, and establishing and carrying out procedures for internal controls.
- Accounting, audits, and similar activities.
- Indirect costs: Costs that support the entire organization and its various programs and operations, such as rent and utilities for the organization's office space.

In your work plan and budget, please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

Section 4: Activity Selection

Select the activities that your organization commits to completing. Detailed descriptions of activities are found in Attachment B. You must choose from activities in at least two initiatives.

Consider how your selected activities work together to advance the overarching RHTP goals of improving health outcomes and access to care for rural Minnesotans, sustainably expanding the rural health care workforce, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

As you select activities, keep in mind that Minnesota's RHTP funding recipients will need to demonstrate satisfactory progress toward these larger goals and the specific outcome measures associated with each activity. Please pay careful attention to the required reporting metrics listed in the description of each activity or provided in supplemental guidance from MDH.

When selecting activities and crafting your work plan and budget, consider the feasibility of completing your activities and spending down your funds on a tight timeline. All funds awarded should be spent by the end of the budget period. For budget period 1, grantees may spend funds through September 30, 2027; work plans and budgets may reflect that time period. There will be no carryover of funds past this date.

CMS will determine Minnesota's RHTP funding each year based on our progress toward our goals and metrics and our spending of previously awarded funds. **Unspent funds must be returned to CMS and will reduce our future awards.**

CCBHCs and CMHCs: Eligible Activities for Allocated Funds

Initiative	Activity	Eligible Projects
3: Sustain Access to Services to Keep Care Closer to Home	Support Community-based Mental Health Postvention Programs	Expand community postvention capacity by building sustainable, coordinated response systems. Develop a response plan and deliver trainings such as NAMI Connect, Mental Health First Aid, MDH Changing the Narrative, and MDH Postvention 101.
4: Create Regional Care Models to Improve Whole Person Health	Develop New Mental Health Urgent Care Centers	Plan, develop, and implement new mental health urgent care centers.
4: Create Regional Care Models to Improve Whole Person Health	Expand Rural Access to Medications for Opioid Use Disorder (MOUD)	Plan and implement new or expanded MOUD service delivery in rural clinical settings.
5: Invest in Technology, Infrastructure and Collaboration for Financial Viability	Exploration, collaboration, and organizational capacity building for alternative payment and/or population health models Technology investments to improve quality of care, care coordination, population health, revenue cycle management, efficiency, and cybersecurity	Explore participating in alternative payment models and joining clinical and/or community-based partnerships that promote population health. Invest in technology tools and infrastructure to improve quality of care, care coordination, population health, revenue cycle management, efficiency, and cybersecurity.

Section 5: Activity Details

Sections 5A – 5L will open based on your organization's activity selections. In each section, you will answer the following questions.

Project Description

For each activity selected, describe your proposed project activities for Budget Period 1 (from your grant execution date, estimated to be in June 2026, through October 30, 2026) and the extended spending period for Budget Period 1 funds through September 30, 2027. What will be done, how will it be done, and who will do it?

Please also describe the work you expect to do in future budget periods, if funding is available. Your description of what will be done, how it will be done, and who will do it may be less detailed than for Budget Period 1, but should still give MDH a clear sense of your plans for this activity over the full RHTP grant period.

Procurement Process

Which parts of your project will require contracts for services, equipment, or supplies? Describe your organization's procurement process. If you have already identified contractors/suppliers, please name them here. If you have not yet completed the procurement process, please indicate your timeline for doing so. *(Note that costs incurred prior to your grant agreement execution date will not be reimbursed. Please review the Contracting and Bidding Requirements in the sample grant agreement on the MDH Grant Resources webpage and ensure that your organization's procurement process aligns with those requirements.)*

Collaborating Partners

For each activity selected, identify any collaborating partners for this activity. Provide a brief description of the partner entities, your communication with them to date about the activity and partnership, and how they will contribute to the project.

New or Expanded Project

For each activity selected, identify whether it is a new project for your organization or an expansion of an existing project. If it is an existing project, please describe the expansion: what will be new? For example, are you expanding the project to reach additional rural communities, or are you adding a new component to the project?

When expanding a program or initiative, grantees may only apply RHTP funds to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by their current funding sources. See Attachment C for more examples.

Data and Reporting

For each activity selected, describe how your organization will collect and report data on the required metrics for this activity. If specific metrics are not yet available, please describe in more general terms your organization's capacity to collect and report data to meet program requirements. *(Further guidance on reporting and metrics will be provided. Evaluation metrics may evolve throughout the program.)*

Work Plan

List key steps toward completing the activity during Budget Period 1 (from your grant execution date, estimated to be in June 2026, through October 30, 2026) and the extended spending period for Budget Period 1 funds through September 30, 2027. For each step, indicate the title/position of each person who will be involved, the outcomes that will be advanced (see Baseline Data and Reporting Metrics for each activity in Attachment B), and the expected timeline. Your work plan should include collecting and reporting the data required for this program.

Baseline Data

Baseline data will be collected as required per activity.

Budget and Budget Narrative

Provide a detailed justification for each of the expenses to successfully meet the goals of the proposed RHTP activity during Budget Period 1 (from your grant execution date, estimated to be in June 2026, through October 30, 2026) and the extended spending period for Budget Period 1 funds through September 30, 2027.

See the list of ineligible expenses in Attachment C.

Please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

When submitting your application and each financial report throughout the grant period, your organization will certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources.
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

Identify any other funding sources being used for activities related to the RHTP activities you have proposed. For example, if you are proposing an expansion of an existing program, indicate the funding source for the current program. In all cases, make clear in your application which costs do not have another existing or planned funding source and thus may be covered by RHTP funds.

Budget Line Items

- Salaries: This category includes the salary costs of personnel who work directly on the implementation/delivery of RHTP activities. Personnel must be employees who are paid a salary or wage directly from the applicant organization. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.

  - Note that staff time for RHTP administrative tasks, such as reporting to MDH, should be included in the Administrative Costs category.
  - The CMS annual salary cap for this funding is $225,700 for executive-level staff (those with a PhD, MD, or similar degree) and $197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change.
  - All salaries and hourly rates must be reasonable and justifiable.
- Fringe: This category includes the share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. Fringe is often calculated as a percentage of salary. Example: $50,000 x 25% fringe = $12,500.
- Equipment: This category includes equipment purchased for implementation/delivery of RHTP activities. Equipment has a unit cost of $10,000 or more. Items below $10,000 are considered supplies.
- Supplies: This category includes supplies purchased for implementation/delivery of RHTP activities.
- Travel: This category includes travel expenses necessary to implement/deliver RHTP activities.
- Contracted Services: This category includes expenses for individuals or organizations the applicant contracts with to implement/deliver RHTP activities. Note that the annual salary cap (see the Salaries line, above) applies to contractors as well.
- Other expenses: If costs do not fit into another category and must be placed in this general category, please include a detailed description of the expenses as they relate to the direct operation of the program.
- Administrative Costs: This category includes all anticipated administrative costs – both direct and indirect expenses – associated with implementing RHTP. Please note that your administrative costs may not exceed 6% of your total budget. The costs listed here should match your response to the Administrative Costs question in an earlier section of your application.

Section 7. Required Attachments

Due Diligence

Please complete the Due Diligence Review Form (PDF) and attach it to the online application form.

Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

If the entity is required to submit a Due Diligence form, a Section 7a or 7b will become available to allow submission of the form and any accompanying attachments such as audited financial statements.

Audited Financial Statements

Please upload a copy of your organization's most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

Optional: Letters of Support from Partner Organizations

Applicants may provide letters of support from partner organizations indicating their commitment to collaborating with the applicant organization on the proposed project.

Section 8. Conflict of Interest Disclosure

Applicants will complete a Conflict of Interest Disclosure form in the online application. See a copy of the form on the Applicant/Recipient Conflict of Interest Form (PDF).

Section 9. Certification

Applicants will certify the following:

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

By submitting this application, I certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources, and
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

NOGO Part 5: Attachments

- Attachment A: Eligible Organizations
- Attachment B: Eligible Projects
- Attachment C: Ineligible Expenses for Rural Health Transformation Program
- Attachment D: Sample Grantee Budget
- Attachment E: Link References

Attachment A: Eligible Organizations

- Alluma
- Canvas Health
- Freeborn County Mental Health Center
- Hiawatha Valley Mental Health Center
- Human Development Center
- Lakeland Mental Health Center
- North Homes Inc
- Northern Pines Mental Health
- Northland Counseling Center
- Range Mental Health Center
- Sanford Health Behavioral Health Center
- South Central Human Relations Center
- Southwestern Mental Health Center
- Western Mental Health Center
- Woodland Centers
- Zumbro Valley Health Center

Attachment B: Eligible Projects

Initiative 3: Sustain Access to Services to Keep Care Closer to Home

Activity: Support Community-based Mental Health Postvention Programs

Description

CCBHCs and CMHCs will expand community postvention capacity by building sustainable, coordinated response systems following a suicide death or traumatic event. Activities should move beyond individual training to develop shared language, clarify roles, and establish formal response protocols that strengthen community-wide readiness and coordinated action.

Required Activities:

Grantees must implement a sequenced, tiered approach to postvention capacity-building that includes:

1. Foundational Readiness
    - Build a shared understanding of safe language, stigma reduction, and supportive communication around mental health and suicide prevention.
    - Deliver training using MDH Changing the Narrative on Mental Health and Suicide Prevention or Mental Health First Aid.
2. Core Postvention Education
    - Build shared knowledge of postvention principles.
    - Deliver MDH Postvention 101 and, where appropriate, NAMI Connect Postvention training.
3. Role-Specific Skill Development (as needed)
    - Provide training to mental health professionals, community health workers, certified peer specialists, and natural helpers to increase confidence and readiness to respond.
4. Systems and Infrastructure Development
    - Use the MDH Community Guide for Postvention Response and technical assistance to:
        - Develop or refine a written, comprehensive community postvention response plan.
        - Establish coordinated, cross-sector response protocols.
        - Align training efforts with sustainable systems change.

Technical Assistance:

The MDH Mental Health and Suicide Prevention Unit, in partnership with Regional Suicide Prevention Coordinators, will provide onboarding and ongoing support to:

- Guide sequencing of training from foundational readiness to postvention implementation
- Assist in developing, refining, and implementing written response protocols
- Ensure alignment with postvention best practices and local context

Required Deliverable:

Grantees must produce a written, comprehensive community postvention response plan that:

- Establishes coordinated postvention response protocols across systems and communities
- Defines roles and responsibilities for trained responders
- Connects mental health professionals and community members in a collaborative response
- Aligns with postvention best practices and reflects local culture and readiness

Priorities

Expected Outcomes:

- Strengthening community infrastructure and readiness
- Reduce risk of suicide contagion and exposure-related harm
- Promote safe and consistent communication following a traumatic event
- Support long-term recovery and community resilience

Grantees will work toward sustaining community postvention resources and trainings by seeking financial commitments from partners such as counties, municipalities, and law enforcement. CCBHCs will explore the ability to include the costs of postvention trainings and support in future Prospective Payment System (PPS) rates.

Eligible Projects and Expenses

Expenses may include, but are not limited to:

- Recruiting and training additional trainers in postvention and foundational readiness curricula.
- Personnel time to deliver MDH Postvention 101 and NAMI Connect Postvention trainings.
- Expanding Changing the Narrative and Mental Health First Aid offerings to strengthen community readiness.
- Community engagement to build and support partnerships.
- Developing policies, procedures, and evaluation measures for postvention plan implementation.
- Engaging in structured planning to develop or refine written community postvention response plans.

See Attachment C for a list of expenses that are ineligible for RHTP funding.

Estimated Activity Award

Recognizing the varied needs among applicants, MDH has not set maximum or minimum award amounts for each RHTP activity. Applicants participating in this activity should submit a detailed budget for this activity corresponding to their proposed work plan. Applicants are encouraged to consider the following when preparing their work plans and budgets:

- Your overall RHTP award amount and how to distribute funding most effectively across your chosen activities.
- The need to demonstrate that your work and spending are meaningfully advancing overarching RHTP goals and transforming the health care system.
- The need to achieve outcomes specific to each activity (see the required reporting metrics for this activity, below).
- The need to spend down funds fully by the end of the budget period. Grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period.
- CMS will determine Minnesota's RHTP funding each year based on our progress toward our goals and metrics and our spending of previously awarded funds. Unspent funds must be returned to CMS and will reduce our future awards.

Final activity award amounts will be determined by MDH, in conversation with applicants and in consultation with CMS as necessary, at the time of contracting.

Estimated Timeline

- Budget Period 1: Grant agreement execution (estimated June 2026) – October 30, 2026
    - Develop foundational readiness plans (develop stigma-free language and priority training plans; identify cross-sector partners such as schools, Tribal partners, and law enforcement) to implement selected trainings
    - Contract with external training partners and identify training locations
    - Begin planning for sustainability as part of implementation planning
    - Begin to train local community members and licensed mental health professionals
    - Develop a written process to collect pre- and post-training assessment results and begin collecting results
- Budget Period 2: October 31, 2026 – October 30, 2027:
    - Continue to train local community members and licensed mental health professionals
    - Expand offerings to additional locations
    - Increase public awareness
    - Continue sustainability planning
    - Collect feedback
- Budget Period 3: October 31, 2027 – October 30, 2028:
    - Continue to train local community members and licensed mental health professionals
    - Expand offerings to additional locations

    - Increase public awareness
    - Continue sustainability planning
    - Collect feedback
- Budget Period 4: October 31, 2028 – October 30, 2029:
    - Continue to train local community members and licensed mental health professionals
    - Expand offerings to additional locations
    - Increase public awareness
    - Implement sustainability framework
    - Collect feedback
- Budget Period 5: October 31, 2029 – October 30, 2030:
    - Continue to train local community members and licensed mental health professionals
    - Expand offerings to additional locations
    - Increase public awareness
    - Fully implement sustainability framework
    - Collect feedback

Future Reporting Metrics

A detailed grantee guide with reporting guidelines and metrics will be distributed at the time of contracting. In addition to reporting on required metrics, grantees will be invited to share ideas on evaluation strategies and metrics. Evaluation metrics may evolve throughout the program based on grantee contributions, findings from the ongoing work and evaluation, and CMS requirements.

Data Reported in Grantee Progress Reports:

Further guidance on reporting and metrics will be provided. Evaluation metrics may evolve throughout the program.

- How many licensed mental health professionals were trained in each of the following training programs in this reporting period?
    - NAMI Connect Postvention Model
    - Mental Health First Aid
    - MDH Postvention 101
    - MDH Changing the Narrative on Mental Health and Suicide Prevention
- How many community members were trained in each of the following training programs in this reporting period?
    - NAMI Connect Postvention Model
    - Mental Health First Aid
    - MDH Postvention 101
    - MDH Changing the Narrative on Mental Health and Suicide Prevention

Initiative 4 Activity 4 - Initiative: Create Regional Care Models to Improve Whole Person Health

Activity: Develop New Mental Health Urgent Care Centers

Description

This activity allows CCBHCs and CMHCs to develop new mental health urgent care centers. Mental health urgent care centers provide same-day and walk-in services for individuals experiencing a mental health or chemical health crisis. Services include, but are not limited to, assessment, short-term treatment options, stabilization services, and connections to longer-term sources of care. Telehealth services may be part of the services provided at the mental health urgent care center. Expansions of existing mental health urgent care centers to new locations are eligible.

Mental health urgent care centers offer supportive alternatives to jail or hospitals for individuals experiencing a mental health or substance use crisis by providing a place to safely de-escalate and/or receive assessments with on-site clinical support. Centers are available when individuals voluntarily recognize the need for urgent care, or individuals may be brought to a center by families or friends, law enforcement, or emergency medical services. Once the individual is stabilized, centers connect with the person's current primary care provider or go through intake with them to establish care with a CCBHC, CMHC, or other behavioral health provider.

The urgent care model may include development as an integrated substance use disorder/opioid use disorder crisis urgent care center, which could offer alternative or supplemental support for withdrawal management in regions of the state where it is not available.

Priorities

New mental health urgent care centers should be equipped to meet these priorities:

- Provide immediate, walk-in access
- Deliver rapid assessment and stabilization
- Strengthen care coordination and provide warm handoffs to other providers and services as needed
- Integrate mental health and substance use treatment
- Ensure trauma-informed, culturally responsive care
- Provide multidisciplinary, team-based services
- When possible, provide services in a familiar place where people are accustomed to going

Eligible Projects and Expenses

Eligible expenses include, but are not limited to, staff time for planning, development, and implementation of new mental health urgent care centers. This may include, for example:

- Developing a business model
- Meeting with potential funders
- Scouting locations
- Developing policies and procedures for the center's operation
- Recruiting and training staff
- Community engagement to build support, partnerships, and referral pathways

Supplies, equipment, and technology for the new mental health urgent care center may also be eligible expenses.

Expansions of existing mental health urgent care centers to new locations are eligible. Note that construction costs are not allowable, but minor renovations and alterations may be eligible costs. See Attachment C for examples and a list of expenses that are ineligible for RHTP funding.

Please note that RHTP funds may **not** be used for the provision of health care services at mental health urgent care centers.

Estimated Activity Award

Recognizing the varied needs among applicants, MDH has not set maximum or minimum award amounts for each RHTP activity. Applicants participating in this activity should submit a detailed budget for this activity corresponding to their proposed work plan. Applicants are encouraged to consider the following when preparing their work plans and budgets:

- Your overall RHTP award amount and how to distribute funding most effectively across your chosen activities.
- The need to demonstrate that your work and spending are meaningfully advancing overarching RHTP goals and transforming the health care system.
- The need to achieve outcomes specific to each activity (see the required reporting metrics for this activity, below).
- The need to spend down funds fully by the end of the budget period. Grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period.
- CMS will determine Minnesota's RHTP funding each year based on our progress toward our goals and metrics and our spending of previously awarded funds. Unspent funds must be returned to CMS and will reduce our future awards.

Final activity award amounts will be determined by MDH, in conversation with applicants and in consultation with CMS as necessary, at the time of contracting.

Estimated Timeline

- Budget Period 1: Grant agreement execution (estimated June 2026) – October 30, 2026:
    - Plan for center establishment, including business model; demand analysis for crisis services; staffing and clinical workforce needs; site selection; workflows related to intake, triage, stabilization, discharge, and referrals; and other aspects of operations
    - Engage community to identify service gaps and build support, partnerships, and referral pathways
    - Plan for sustainability as part of implementation planning
    - Procure supplies, technology, resources
- Budget Period 2: October 31, 2026 – October 30, 2027:
    - Open the center; begin providing services and care coordination;
    - Track encounters, time to triage, stabilizations completed, and referrals made
    - Continue sustainability planning
    - Continue community engagement to publicize and increase awareness about this community resource
- Budget Period 3: October 31, 2027 – October 30, 2028:
    - Continue providing services and care coordination
    - Grow the center's capacity through additional staffing, hours, and telehealth
    - Integrate data sharing systems
    - Evaluate center utilization and outcomes on patient access and volume
    - Continue sustainability planning
    - Continue community engagement
- Budget Period 4: October 31, 2028 – October 30, 2029:
    - Continue providing services and care coordination
    - Grow the center's capacity through additional staffing, hours, and telehealth
    - Continue integrating data sharing systems
    - Continue evaluating center utilization and outcomes
    - Begin implementing sustainability plans
    - Continue community engagement
- Budget Period 5: October 31, 2029 – October 30, 2030:
    - Continue providing services and care coordination
    - Center is operating at full capacity
    - Data sharing systems fully integrated
    - Continue evaluating center utilization and outcomes
    - Sustainability plans fully implemented

Future Reporting Metrics

A detailed grantee guide with reporting guidelines and metrics will be distributed at the time of contracting. In addition to reporting on required metrics, grantees will be invited to share ideas on evaluation strategies and metrics. Evaluation metrics may evolve throughout the program based on grantee contributions, findings from the ongoing work and evaluation, and CMS requirements.

Data Reported in Grantee Progress Reports:

Further guidance on reporting and metrics will be provided. Evaluation metrics may evolve throughout the program.

- How many mental health urgent care centers opened for patient care in this reporting period?
- How many rural patients were served by mental health urgent care centers in this reporting period?

Initiative 4: Create Regional Care Models to Improve Whole Person Health

Activity: Expand Rural Access to Medications for Opioid Use Disorder (MOUD)

Description

The Strengthening Rural Pathways to Medications for Opioid Use Disorder (SRP-MOUD) program supports the expansion of timely, low-barrier access to medications for opioid use disorder (MOUD) in rural Minnesota. This activity provides funding and implementation support to rural health care organizations to establish or expand MOUD services within their clinical settings.

Hospitals, FQHCs, Tribal Nations, and CCBHCs/CMHCs may use funding to implement MOUD services across a variety of clinical settings to improve access and reduce barriers to treatment. Clinical settings may include, but are not limited to:

- Primary care clinics
- Inpatient hospital units
- Emergency departments
- Emergency medical services (EMS)
- Urgent care clinics
- Mobile clinics
- Bridge clinics
- Walk-in clinics
- Addiction treatment clinics
- Pharmacies
- Addiction medicine consult services

Applicants may select one or more clinical settings for implementation based on their organizational structure, community needs, and existing care delivery model(s). Funding will support organizations in implementing low-barrier MOUD models by developing the organizational infrastructure necessary to provide and sustain MOUD services. Comprehensive programs may include developing clinical workflows, EHR order sets for MOUD, policies and procedures, telehealth infrastructure for MOUD combined with integrated support at the local level, staff training, and care coordination processes aligned with the SRP-MOUD framework. As with all activities selected, applicants need to describe their holistic approach to RHTP activities and how they relate to one another.

Low-barrier MOUD models are designed to reduce common obstacles to treatment, increase timely access to care and support continued engagement in treatment. For more information on low-barrier MOUD models, see, for example, The Role of Low-Threshold Treatment for Patients with OUD in Primary Care and Low-Barrier Buprenorphine – Learn About Treatment. Grantees are encouraged to develop care models that make it easier for patients to initiate treatment, remain engaged in care, and re-engage in treatment following lapses in care. MOUD prescribing and patient encounters are expected to be billed through standard payor

mechanisms. This activity is intended to support sustainable system transformation by embedding MOUD delivery into routine medical care across rural health systems.

By the end of Budget Period 1, activity participants will also have access to Minnesota-specific educational resources developed through RHTP by the Minnesota Low Barrier MOUD Education Development Council. These resources will be regularly updated to reflect changes in the drug supply and emerging innovations in care. The goal of the educational materials is to ensure participating organizations have access to current clinical guidance and tools that support the adoption and ongoing delivery of evidence-based or promising practice low-barrier MOUD practices.

Priorities

Opioid use disorder (OUD) is a complex and multifaceted public health challenge shaped by biological, social, and structural factors. While OUD presents significant challenges, effective treatments exist, and people can recover when treatment is accessible. Medications for opioid use disorder (MOUD), including methadone and buprenorphine, are considered the standard of care and most effective treatment for OUD, associated with improved health outcomes, reduced overdose mortality, and increased engagement in treatment (ASAM, 2015; SAMHSA TIP 63; National Academies, 2019).

The priorities of this activity are to expand access to MOUD in rural communities across Minnesota. Applicants are encouraged to select activities to progressively move toward sustainability, while expanding the number of clinical settings where individuals can engage in treatment. Applicants should design proposals that incorporate the following principles:

- **Increase adoption and expand access to MOUD across rural Minnesota** by implementing or expanding MOUD services within rural health care settings to ensure individuals with OUD can access treatment close to where they live.
- **Expand low-barrier MOUD delivery models** by reducing administrative, clinical, and logistical barriers that delay or prevent individuals from accessing treatment, while supporting ongoing engagement and retention in care.
- **Support person-centered approaches to MOUD** by offering flexible, patient-centered treatment approaches, flexible follow-up schedules, integration of services across care settings, and clinical protocols designed to support patient choice and continued engagement in treatment.

Eligible Projects and Expenses

Applicants who select this activity should select at least one of the following eligible projects. Applicants should propose a comprehensive program that reduces barriers to MOUD and provides flexible, patient-centered care for individuals in their community.

- **Program Infrastructure and Implementation:** Administrative and contractual costs associated with building the infrastructure needed to implement low-barrier MOUD

services, including development of policies and procedures, clinical workflows, EHR protocols and screening tools, telehealth infrastructure for MOUD, referral pathways, care coordination processes, and integration of MOUD services into existing clinical operations.

- **Clinical and Administrative Champions:** Support for designated clinical and administrative champions responsible for leading implementation efforts within the organization. Champions may coordinate internal planning, gather and disseminate training resources, establish clinical protocols, facilitate cross-departmental engagement, and build organizational buy-in for integrating MOUD services across relevant care settings.
- **Workforce Training and Capacity Building:** Protected staff time and resources to support training and professional development related to MOUD delivery, including clinical education on buprenorphine prescribing, low-barrier treatment approaches, and care coordination practices.
- **Care Coordination and Recovery Support:** Development or expansion of care coordination to support patients initiating MOUD, including navigation, peer recovery support, warm handoffs to treatment and recovery services, and coordination across ED, inpatient, outpatient, and community care settings.
- **Pharmacy Coordination and Medication Access:** Activities to strengthen partnerships with pharmacies to improve rapid access to MOUD, including coordinated workflows, starter medication supplies until pharmacy access can be established, and collaboration to reduce delays in treatment initiation.
- **Long-Acting Injectable MOUD Implementation:** Planning and operational support to incorporate long-acting injectable buprenorphine into care, including clinical protocols, staff training, pharmacy coordination, storage and administration workflows, and patient education.
- **Marketing, Outreach, and Community Awareness:** Development and dissemination of materials and outreach to providers, community organizations, and partners to increase awareness of available MOUD services, strengthen referral networks, and reduce stigma.

See Attachment C for a list of expenses that are ineligible for RHTP funding.

Estimated Activity Award

Recognizing the varied needs among applicants, MDH has not set maximum or minimum award amounts for each RHTP activity. Applicants participating in this activity should submit a detailed budget for this activity corresponding to their proposed work plan. Applicants are encouraged to consider the following when preparing their work plans and budgets:

- Your overall RHTP award amount and how to distribute funding most effectively across your chosen activities.
- The need to demonstrate that your work and spending are meaningfully advancing overarching RHTP goals and transforming the health care system.
- The need to achieve outcomes specific to each activity (see the required reporting metrics for this activity, below).
- The need to spend down funds fully by the end of the budget period.
- CMS will determine Minnesota's RHTP funding each year based on our progress toward our goals and metrics and our spending of previously awarded funds. Unspent funds must be returned to CMS and will reduce our future awards.

Final activity award amounts will be determined by MDH, in conversation with applicants and in consultation with CMS as necessary, at the time of contracting.

Estimated Timeline

- Budget Period 1: Grant Agreement Execution (estimated June 2026) – October 30, 2026:
  - Establishing implementation teams, including clinical and administrative champions.
  - Establishing clinical intake, patient access workflows, and clinical protocols that incorporate low-barrier principles.
  - Training providers, nursing staff, behavioral health staff, front desk personnel, call center staff, and other team members involved in patient access and care delivery on MOUD, low-barrier care models, and patient-centered engagement practices.
  - Developing workflows and staff competencies that support same-day access to care, walk-in appointments, and flexible ongoing care, when possible.
  - Developing pharmacy coordination processes to reduce delays in treatment initiation.
  - Designing referral pathways, documentation and tracking systems, care coordination models, and internal referral processes across care settings (e.g., inpatient units, emergency departments, primary care, behavioral health, urgent care, and other outpatient services), when applicable.
  - Establishing evaluation, reporting, and data collection frameworks.
- Budget Period 2: October 31, 2026 – October 30, 2027:
  - Deploying documentation, billing, and reporting systems that support MOUD service delivery.
  - Implementing MOUD initiation and patient support infrastructure, such as clinician decision-support tools.
  - Operationalizing care coordination workflows to support patient engagement and continuity of care.
  - Activating internal referral pathways across care settings within the organization, when applicable.

  - Establishing communication workflows and referral tracking systems to monitor successful linkage to treatment.
  - Continuing workforce training across care teams.
  - Initiating pharmacy coordination workflows to support rapid medication access.
  - Initiating billing through Medicaid and other third-party payors, when applicable.
  - Beginning sustainability planning and operational assessment.
- Budget Period 3: October 31, 2027 – October 30, 2028:
  - Implementing quality assurance and performance improvement processes.
  - Refining clinical workflows and MOUD initiation protocols based on utilization data and clinical feedback.
  - Strengthening internal referral pathways across departments and care settings within the organization.
  - Enhancing care coordination practices to improve patient retention and engagement in treatment.
  - Strengthening data reporting systems and outcome monitoring.
  - Continuing sustainability planning.
- Budget Period 4: October 31, 2028 – October 30, 2029:
  - Maintaining full operational capacity for MOUD services across participating care settings.
  - Demonstrating measurable outcomes related to access, treatment initiation, retention in care, and referral linkage.
  - Strengthening internal and external referral networks to ensure multiple entry points into treatment.
  - Continuing to optimize pharmacy partnerships and medication access workflows.
  - Identifying operational efficiencies and opportunities for program expansion.
  - Continuing sustainability planning and operational improvements.
- Budget Period 5: October 31, 2029 – October 30, 2030:
  - Fully integrating MOUD services and care coordination into routine clinical operations.
  - Maintaining established referral pathways across internal care settings and community partners.
  - Demonstrating consistent service delivery, patient access, and treatment outcomes.
  - Sustaining pharmacy partnerships and medication access systems that support timely initiation of MOUD.
  - Implementing sustainability plans, including revenue optimization, payor engagement, and operational efficiencies.

- Transitioning from grant-supported infrastructure to a sustainable, billable service model where appropriate.

Baseline Data and Future Reporting Metrics

Applicants will gather baseline data for their application. Future reporting will be built on the baseline data. A detailed grantee guide with reporting guidelines and metrics will be distributed at the time of contracting. In addition to reporting on required metrics, grantees will be invited to share ideas on evaluation strategies and metrics. Evaluation metrics may evolve throughout the program based on grantee contributions, findings from the ongoing work and evaluation, and CMS requirements.

Baseline Data Collected in Application:

- Number of unique providers delivering MOUD in 2025
- Number of clinical sites delivering MOUD in 2025
- Number of unique patients receiving MOUD in 2025
- Number of unique MOUD encounters in 2025

Data Reported in Grantee Progress Reports:

- Number of unique providers delivering MOUD during the reporting period
- Number of clinical sites delivering MOUD during the reporting period
- Number of unique patients receiving MOUD during the reporting period
- Number of unique MOUD encounters during the reporting period

Initiative 5: Invest in Technology, Infrastructure, and Collaboration for Financial Viability

Activities:

- **Exploration, collaboration, and organizational capacity building for alternative payment and/or population health models**
- **Technology investments to improve quality of care, care coordination, population health, revenue cycle management, efficiency, and cybersecurity**

Description

This activity will support rural hospitals, Tribal Nations, and CCBHCs/CMHCs on their path to engage in alternative payment arrangements and population health models that improve quality of care and financial performance. This activity includes funding for the support that providers may need to prepare for value-based care models, including procuring technical assistance; entering into formal partnerships with other providers; identifying, designing and implementing organizational changes and/or new capabilities; and investing in a variety of health information technology tools to support, augment, or enhance care delivery. The outlined allowable technology investments are intended to be a tool for health care entities to use in their journey toward alternative payment arrangements and population health models.

These activities are intended to help organizations develop the infrastructure needed to set them on a path to fully operationalize value-based care or similar population health models and concepts. Health information technology is one of many key resources needed to operationalize value-based care.

Exploration, Collaboration, and Organizational Capacity Building for Alternative Payment Models

Many rural providers, such as small rural hospitals, need resources to explore the potential benefits and costs of participation in alternative payment models either as an individual organization or as part of a consortium. This exploration process may include assessments to identify new capabilities or strategies needed to successfully implement any alternative payment model, such as a value-based care payment arrangement. Providers may also explore joining clinically integrated networks, Accountable Care Organizations, or other clinical and/or community-based partnerships or collaborations that promote population health. Rural providers may need to design and adopt organizational changes related to governance, patient and community engagement strategies, financial risk management, and/or operational processes to prepare for alternative payment arrangements.

Investment in Related Technology Tools and Infrastructure

Technology tools are an important component of successful participation in value-based payment arrangements. This activity allows rural health care providers to leverage a range of technology tools and applications with the intention that purchases move their organizations toward long-term financial viability through alternative payment models. In addition, this activity supports modernization and protection of rural provider networks and data systems through cybersecurity investments. Technology investments may be made in the following areas and/or for closely related purposes:

- **Population health management, which focuses on maximizing health outcomes for a defined patient population.** Population health tools help providers look at their patient populations as a whole by aggregating data across patients as well as integrating different types of information. These tools allow providers to understand cost, utilization, and quality trends, identifying strengths in care processes and opportunities for improvement. Rural providers will have the ability to purchase, license and/or upgrade a technical solution platform for data management that aggregates data across a patient population and integrates clinical, claims, pharmacy, and lab data.
- **Care coordination, which enables patient-centered care, improved health outcomes, and efficient resource use.** Care coordination is particularly important during care transitions and/or for patients with complex care needs. Software and other technology tools can improve care coordination by streamlining clinical workflows, centralizing care coordination efforts, prioritizing high-impact tasks, automating repetitive functions such as reminders and documentation, and using predictive analytics to identify rising-risk patients earlier, allowing proactive intervention with less manual workload.
- **Use of Artificial Intelligence (AI) tools to improve efficiency of clinical operations.** AI tools such as clinical decision support, clinical documentation, and virtual scribes (aided by ambient listening devices/software) allow clinical staff to focus more of their time on patient care by reducing time spent on documentation and administrative requirements. These tools can allow providers to see more patients, increase job satisfaction, and support providers in practicing at the top of their license.
- **Revenue cycle management and related tools to automate and optimize billing, coding, claims processing and payment collection.** These tools may also be used to model, test, and develop processes needed to operationalize new value-based payor or population health arrangements or the appropriate linkages for billing and coding with new AI applications. Revenue cycle management tools are intended to improve billing processes by reducing claim denials and payment delays, thereby improving providers' overall financial performance.
- **Cybersecurity to protect patient data and provider networks.** To bolster cybersecurity and protection of sensitive data through simulated cyber-attacks, network penetration testing, and follow-up support to ensure that internal and external networks are secure.

- **Technical assistance for technology tools.** Rural providers are encouraged to seek technical assistance to help them explore and identify which technology tools they may need related to the above areas. Providers may use a portion of their RHTP award to procure their own technical assistance, or they may receive services from the technical assistance vendor arranged by MDH. Services provided by the MDH vendor are free of charge to grantees, but will be subject to limits to ensure that vendor time is equitably distributed across grantees.

Grantees may choose which aspects of this activity will help them work toward Minnesota's RHTP goals. Grantees should consider what types of training and other adaptations are needed to gain the greatest benefit from technology tools. MDH will review and approve proposed IT investments as part of grantees' work plans. Providers will go through their own procurement processes to select the vendors of their choice (in the case of technical assistance, providers will also have the option of working with the vendor arranged by MDH).

Eligible Projects and Expenses

- Exploration, readiness assessments, planning, or other technical assistance and consulting services in preparation to:
    - Join, or create new, clinically integrated networks, Accountable Care Organizations, or other clinical and/or community-based partnerships or collaborations that promote population health.
    - Participate in alternative payment models, value-based care models for Medicaid, Medicare and commercial payors, either as individual organizations or as a collaborative effort across multiple organizations.
- Costs associated with clearly identifiable expansions of network or population health-focused activities.
- Identification, development, and implementation of new governance, leadership, patient and community engagement, clinical care operations, and/or other capabilities needed for successful participation in alternative payment models.
- Costs associated with technical assistance and/or exploration of IT capabilities necessary to participate in value-based purchasing arrangements and/or improve efficiency and financial viability. This also includes implementation planning once the IT capabilities are procured, to ensure the organization has training and procedures in place to use the tools to their fullest extent.
- The following eligible technology investments may include hardware purchases or upgrades; new software purchases, licenses or upgrades; installation; support during and following launch of new technology to ensure it is working as intended; ongoing maintenance; staff training; establishment and refinement of new workflows; and/or other implementation support to achieve the intended impacts.
    - Population health platforms and analytical tools
    - New or expanded participation in the Minnesota Encounter Alert Service (EAS) for payors beyond Medicaid or upgrades from existing participation to more advanced capabilities or for other similar commercially available tools. Please note that the Minnesota Department of Human Services subsidizes the basic service for Medicaid

beneficiaries already, so RHTP funds may not be used for this basic service for Medicaid beneficiaries.
  - Care coordination, or similar, software platforms and tools
  - AI tools such as clinical decision support, clinical documentation, virtual scribes (aided by ambient listening devices/software) and other capabilities that may evolve over the course of the RHTP funding period
  - Revenue cycle management and related tools
  - Cybersecurity testing and infrastructure support

Activity-specific Ineligible Expenses

In addition to the ineligible expenses outlined in Attachment C, the following expenses are also ineligible for any selections within this activity:

- Ongoing or recurring member fees for clinically integrated networks, Accountable Care Organizations or other collaborations.

Please pay careful attention to the fact that RHTP funds may not be used to supplant or duplicate existing funding sources (for example, using RHTP funds to pay for existing software licenses).

Estimated Activity Award

Recognizing the varied needs among applicants, MDH has not set maximum or minimum award amounts for each RHTP activity. Applicants participating in this activity should submit a detailed budget for this activity corresponding to their proposed work plan. Applicants are encouraged to consider the following when preparing their work plans and budgets:

- Your overall RHTP award amount and how to distribute funding most effectively across your chosen activities.
- The need to demonstrate that your work and spending are meaningfully advancing overarching RHTP goals and transforming the health care system.
- The need to achieve outcomes specific to each activity (see the required reporting metrics for this activity, below).
- The need to spend down funds fully by the end of the budget period. Grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period.
- CMS will determine Minnesota's RHTP funding each year based on our progress toward our goals and metrics and our spending of previously awarded funds. Unspent funds must be returned to CMS and will reduce our future awards.

Final activity award amounts will be determined by MDH, in conversation with applicants and in consultation with CMS as necessary, at the time of contracting.

Estimated Timeline

- Budget Period 1: Grant agreement execution (estimated June 2026) – October 30, 2026:

    - Seek technical assistance (TA) from MDH TA vendor or other TA providers
    - Begin planning, exploration, assessment, and organizational capacity-building
    - Begin procuring technology tools
    - Plan for sustainability as part of implementation planning
    - Once technology and data systems procured, deployment underway
- Budget Period 2: October 31, 2026 – October 30, 2027:
    - Continue to seek TA as needed
    - Continue planning, exploration, and organizational capacity-building
    - Begin or expand participation in alternative payment models
    - Begin or expand participation in collaborations for population health
    - Implement and integrate technology tools and train staff on their use
    - Continue sustainability planning
- Budget Period 3: October 31, 2027 – October 30, 2028:
    - Continue to seek TA as needed
    - Continue organizational capacity-building
    - Expand participation in alternative payment models
    - Expand participation in collaborations for population health
    - Implement and integrate technology tools and train staff on their use
    - Begin implementing sustainability measures
- Budget Period 4: October 31, 2028 – October 30, 2029:
    - Continue to seek TA as needed
    - Continue organizational capacity-building
    - Expand participation in alternative payment models
    - Expand participation in collaborations for population health
    - Implement and integrate technology tools and train staff on their use
    - Continue implementing sustainability measures
- Budget Period 5: October 31, 2029 – October 30, 2030:
    - Continue organizational capacity-building
    - Expand participation in alternative payment models
    - Expand participation in collaborations for population health
    - Complete implementation and integration of technology tools and staff training
    - Fully implement sustainability measures

Baseline Data and Future Reporting Metrics

Applicants will gather baseline data for their application. Future reporting will be built on the baseline data. A detailed grantee guide with reporting guidelines and metrics will be distributed at the time of contracting. In addition to reporting on required metrics, grantees will be invited to share ideas on evaluation strategies and metrics. Evaluation metrics will be added and may evolve throughout the program based on grantee contributions, findings from the ongoing work and evaluation, and CMS requirements.

Baseline Data Collected in Application:

All grantees are encouraged, and hospitals are required, to complete the Rural Health Value: Value-Based Care Assessment Tool and submit the results with their application and on an annual basis.

Data Reported in Grantee Progress Reports:

Further guidance on reporting and metrics will be provided. Evaluation metrics may evolve throughout the program.

- Indicate which type(s) of software or technology tools were purchased for your organization and reimbursed through RHTP funds in this reporting period:
    - Cybersecurity
    - Revenue Cycle Management
    - Population Health Management
    - Care Coordination
    - Artificial/Augmented Intelligence Technology

Attachment C: Ineligible Expenses for All Rural Health Transformation Program Activities

Ineligible expenses for all RHTP activities include but are not limited to:

- Supplanting existing state, local, Tribal, or private funding of infrastructure or services, such as staff salaries.
- Using RHTP funds for any project or initiative that is currently funded (or planned to be funded) by other sources. Using RHTP funds to pay for the same activities or provide the same services to the same beneficiaries as other funding sources or programs.
    - All grant-funded activities must be either entirely new or expansions of existing activities. When expanding a program or initiative, grantees may only apply RHTP funds to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by their current funding sources.
    - For example, if adding a new remote monitoring service to an existing tele-diabetes education program, eligible expenses might include purchasing new continuous glucose monitoring devices and supplies for the new remote monitoring service, and procuring upgraded software that enables secure continuous glucose monitoring data integration, if the cost difference is directly attributable to the upgraded and necessary functionality. Ineligible expenses would include, for example, paying the salaries of existing educators already providing tele-diabetes education, covering the cost of existing software, and replacing office equipment used by the existing staff.
    - Another example is expanding an existing chronic disease management program to three additional rural counties. Eligible expenses might include hiring and training new community health workers to serve residents of the three additional counties and purchasing new supplies and educational materials for the additional counties. If existing staff work in the newly added counties as well as previously served counties, only their work in the newly added counties would be eligible for RHTP reimbursement. Ineligible expenses would include, for example, any expense currently or previously covered by any other funding source in the counties previously served.
- Costs incurred prior to the execution of your grant agreement.
- Administrative costs, including direct and indirect costs, exceeding the 6% limit for Budget Period 1. Note that this limit is subject to change.
- Payment for direct health care services is unallowable.
    - This includes, but is not limited to, replacing payment for clinical services that could be reimbursed by insurance or another form of health coverage. This also includes payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
- Clinician salaries or wage supports may be allowable expenses only if directly related to RHTP. RHTP funds may not pay clinicians, clinicians in training, or other employees for work they are already doing. As with all salaries, only the portion dedicated to RHTP

work may be paid with RHTP funds. These conditions apply to the salaries of faculty and preceptors who are clinicians teaching in rural residencies, rural rotations, and other health professional training programs. These conditions also apply to stipends or salaries for residents, rotators, and other health professionals in training.

- Salary payments exceeding the annual salary cap. The annual salary cap for this funding is $225,700 for executive-level staff (those with a PhD, MD, or similar degree) and $197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change. All salaries and hourly rates must be reasonable and justifiable.
- Paying for patient transportation is generally unallowable.
- Meals, unless in limited circumstances such as:
    - Subjects and patients under study
    - Where specifically approved as part of the project or program activity, such as in programs providing children's services
    - As part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Long-term housing for students/trainees. Housing may be provided for up to six months for rural clinical rotations or short-term training programs. This means that RHTP funds may only be used to support housing costs incurred during a rotation or training program of fewer than six months.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost. Funds also may not be used to supplant funding for in-process or planned construction projects or directing funding towards new construction builds. Funds may not be used for demolition.
    - Funds may be used for minor renovations or alterations if they are clearly linked to program goals and receive MDH and CMS prior approval. For example, minor renovations to repurpose a hotel for short-term trainee housing or a commercial building for a health care training facility may be eligible.
    - Examples of minor renovations or alterations include, but are not limited to, installing or relocating interior walls and partitions; upgrading lighting to more energy-efficient systems; replacing vents and thermostats for better climate control; installing automatic door openers to enhance accessibility; and converting private offices to a more open office layout.
    - Minnesota's RHTP award has an overall cap on infrastructure and capital expenditures. Review of grantee requests for prior approval of minor renovations or alterations will take into account the cap on this type of spending.
- Meeting matching requirements for any other funding source.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.
- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.

- Broadband infrastructure.
- Ongoing operating expenses with no path to sustainability. RHTP funds are intended to support transformational investments.
- Goods or services not allocable to the project.
- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- There are strict limitations on funding the replacement of an Electronic Medical Record (EMR) system if a previous HITECH-certified EMR system is already in place as of September 1, 2025.
- Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to:
    - Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant recipient or agency acting for such recipient for such activity
    - Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying
- None of the funding shall be used for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Attachment D: Sample Grantee Budget

Applicants can review a sample grant agreement on MDH Grant Resources. Below is a sample grantee budget, which will outline available funds per line item for all of the grantee's RHTP activities. MDH and the grantee will maintain the detailed, activity-specific budgets on file. The budget below is for reference only and is non-binding.

Category	Budget Period 1: Grant Agreement execution date through Oct 30, 2026 (may spend through Sep 30, 2027). No carryover of funds beyond Sep 30, 2027 will be allowed.	**Future Funding**	**Total**
Salary/Fringe	$	TBD	**$**
Equipment	$	TBD	**$**
Supplies	$	TBD	**$**
Travel	$	TBD	**$**
Contractual	$	TBD	**$**
Other	$	TBD	**$**
Administrative (direct and indirect)	$	TBD	**$**
Total	**$**	TBD	**$**

Estimated Future Funding	**Budget Period 2: October 31, 2026 – October 30, 2027**	**Budget Period 3: October 31, 2027 – October 30, 2028**	**Budget Period 4: October 31, 2028 – October 30, 2029**	**Budget Period 5: October 31, 2029 – October 30, 2030**
Certified Community Behavioral Health Centers (CCBHCs)/Community Mental Health Centers (CMHCs)	2% of MN's RHTP Award	2% of MN's RHTP Award	2% of MN's RHTP Award	2% of MN's RHTP Award

Attachment E: Link References

Notice of Grant Opportunity Part 1

- Rural Health Transformation Program - MN Dept. of Health (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html)
- H.R.1 (Section 71401 of Public Law 119-21) (https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf)
- Rural Health transformation Application Technical Assistance Request (Microsoft Forms) (https://forms.microsoft.com/g/ywE3NPsXtA)
- Rural Health Transformation Funding (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)
- Join the Notice of Grant Opportunity Information Meeting (Microsoft Forms) (https://teams.microsoft.com/meet/24293486325066?p=H26fkWXwJ6sgn0Y9lq)

Notice of Grant Opportunity Part 2

- The Policy on Rating Criteria for Competitive Grant Review (PDF) (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)
- U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10 (https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes)
- MDH Grant Resources (https://www.health.state.mn.us/about/grants/resources.html)
- Minn. Stat. § 16B.97 (https://www.revisor.mn.gov/statutes/?id=16B.97)
- Policy on Grant Monitoring (PDF) (https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- State Policy on Grant Payments (PDF) (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf)
- Minn. Stat. § 363A (https://www.revisor.mn.gov/statutes/cite/363A)
- Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02)
- Minnesota Department of Human Rights (https://mn.gov/mdhr/)
- Minn. Rules, part 5000.3550 (https://www.revisor.mn.gov/rules/5000.3550/)
- Minn. Stat.§ 16B.98 (https://www.revisor.mn.gov/statutes/cite/16B.98)
- Policy 08-01: Conflict of Interest Policy for State Grant-Making (https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-717941.pdf)
- Applicant Conflict of Interest Disclosure form (PDF) (https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- Minn. Stat. § 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599)
- Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37)
- Ch. 13 MN Statutes (https://www.revisor.mn.gov/statutes/cite/13/full)

- MN Department of Administration's Grants Management Policies, Statutes and Forms (https://mn.gov/admin/government/grants/policies-statutes-forms/)

Notice of Grant Opportunity Part 3

- ORHPC Online Grants Portal (https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- ORHPC Grantee Guide (PDF) (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)

Notice of Grant Opportunity Part 4

- Unique Entity Identifier (UEI) Name and Number (https://sam.gov/entity-registration)
- Applicant/Recipient Conflict of Interest Form (PDF) (Applicant/Recipient Conflict of Interest Form)
- Rural Health Value: Value-Based Care Assessment Tool (https://ruralhealthvalue.public-health.uiowa.edu/VBC_assess.html)
- Due Diligence Review Form (PDF) (https://www.health.state.mn.us/about/grants/duediligence.pdf)

Attachment B

- The Role of Low-Threshold Treatment for Patients with OUD in Primary Care (https://integrationacademy.ahrq.gov/products/topic-briefs/oud-low-threshold-treatment)
- Low-Barrier Buprenorphine – Learn About Treatment (https://www.learnabouttreatment.org/for-professionals/low-barrier-buprenorphine/#1765847126393-6addddb9-313c)
- Rural Health Value: Value-Based Care Assessment Tool (https://ruralhealthvalue.public-health.uiowa.edu/VBC_assess.html)

Attachment D

- MDH Grant Resources (https://www.health.state.mn.us/about/grants/resources.html)