MINNESOTA
RURAL HEALTH TRANSFORMATION

RHTP: Rural Clinical Rotations Expansion Grant Questions and Answers

JUNE 25, 2026

Q1. I am a critical care physician and professor in the Division of Critical Care at the University of Minnesota Medical School. We are exploring a rural critical care simulation education program that brings simulation-based procedural and resuscitation training (airway management, point-of-care ultrasound, vascular access, and first-hour stabilization for transport) to rural clinicians, advanced practice providers, nurses, and EMS/transport personnel. The training would be delivered on-site and regionally rather than requiring rural staff to travel to the metro. A brief one-page concept is attached. Does a program of this kind fit the Rural Clinical Rotations Expansion Grant Program, the Physician Rural Residency Training Program, or another RHTP track? Is there a more suitable initiative we should consider?

A1. This program would not fit the Rural Clinical Rotations Expansion Grant Program nor the Physician Rural Residency Training Program.

The Rural Clinical Rotations Expansion Grant Program supports awards to eligible health professional training programs to augment existing clinical training by adding or expanding rural rotations or clinical training experiences. Rural rotations and clinical training experiences provide health professionals in training with meaningful exposure to rural settings and strengthen interest in practicing in rural communities.

Q2. The university is located in the seven-county metro area. We anticipate partnering with a rural/Critical Access hospital that would provide rural eligibility. Would the rural partner need to be the applicant/fiscal lead, with the University as a training partner or subrecipient — or is there another structure you would recommend?

A2. A clinical training program located in the seven-county metro area would be considered an eligible applicant. The clinical training program applicant does not need to be located in a rural area, though the proposed project must increase rural clinical training capacity by adding or expanding clinical rotations or clinical training experiences in rural communities.

For the RHTP, “rural communities” are defined by the 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). A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruca.xlsx) of Minnesota communities considered rural by this definition can be found on Office of Rural Health and Primary Care Funding (https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html).

Q3. Are there constraints we should know about regarding what RHTP funds can support for an education/simulation program (for example, equipment, faculty effort, or travel) so we can scope the proposal correctly?

A3. Eligible and ineligible expenses are outlined in Section 2.2 of the RFP. Noted in the ineligible expenses is Attachment B of the RFP which outlines additional ineligible expenses in RHTP.

Q4. Given the application deadlines, what is the best way to confirm an eligible partner structure in time, and would a technical assistance meeting be possible within the next two weeks?

A4. This is a competitive opportunity and technical assistance is not available to interested applicants. Eligible applicants are outlined in section 1.4 of the RFP.

Q5. I'm wondering if a Wisconsin Teaching Hospital who's residency program is ACGME certified could apply for this grant if they wanted to expand their program into affiliated rural Minnesota clinics?

A5. A Wisconsin teaching hospital who's residency program is ACGME certified would not be considered an eligible applicant.

Per Section 1.4 of the RFP, eligible applicant are clinical training programs, which may be part of institutions of higher education, hospitals, or other entities located in Minnesota.

Q6. Does rural service mean the location of the performance of medical/dental services? Would a clinic that is in a non-rural area, e.g. Fergus Falls, but serves a majority rural patient population, qualify under these definitions?

A6. A clinic located in a non-rural area but served primarily rural patients would not meet the requirements of the 5-year service commitment.

Per Section 2.2 of the RFP, trainees who receive direct support or a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Minnesota.

For the RHTP, "rural communities" are defined by the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel)

of Minnesota communities considered rural by this definition can be found on Office of Rural Health and Primary Care Funding (https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html).

Q7. When mobile clinics are used and they travel to a rural location, but the mobile clinics' operation center is not rural, would this qualify as a rural service?

A7. A clinic located in a non-rural area with mobile clinics that travel to rural locations would not meet the requirements of the 5-year service commitment.

Per Section 2.2 of the RFP, trainees who receive direct support or a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Minnesota. Rural service means the location of the performance of medical/dental services must be in a rural community.

For the RHTP, "rural communities" are defined by the U.S. Department of Agriculture's Rural-Urban Commuting Areas (RUCA) classification codes 4-10. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) of Minnesota communities considered rural by this definition can be found on the Office of Rural Health and Primary Care Funding webpage.

Q8. The NOGO says "20 new trainees per year" is the target. Does this mean 20 individuals, or 20 clinical rotations that may be performed by less than 20 individuals over the year? Is there an FTE equivalent we are aiming for?

A8. Per Section 2.3 of the RFP, Minnesota's overall target for rural clinical rotations across RHTP grant-funded programs is 20 new trainees per year in budget periods 2-5. This means 20 unique individuals complete at least one grant-funded rural clinical rotation per budget period in budget periods 2-5.

It is recommended that applicants plan for and propose a project that accurately represents your own organizational capacity.

Q9. We request clarification and consideration regarding eligible accrediting agencies for postgraduate Advanced Practice Registered Nurse (APRN) and Physician Assistant/Physician Associate (PA) training programs. Could you please clarify whether programs accredited by the Consortium for Advanced Practice Providers would be considered eligible under the current RFP language, and if not, whether the Department would consider revising the RFP to explicitly include the Consortium as an approved accrediting body?

A9. Programs accredited by the Consortium for Advanced Practice Providers would be considered eligible under the current language.

Q10. Looking at the estimated timeline page 10- breaks down different budget periods. Is the intention that the entire grant is 500,000; is this split equally per year?

A10. total award for Budget Period 1 is 500,000. Future funding is not guaranteed, though may be available to selected grantees in years 2-5 of Minnesota's program. This funding is dependent on work available and CMS's award to Minnesota. Current grantees will be notified of possible amendments for time and additional funds in the future.

Q11. What is the length of budget period 1?

A11. The application, including the budget and workplan, should be written for budget period 1 (grant contract execution through October 30, 2026 plus the additional spending period spanning until September 30, 2027).

Q12. Is a funding award not guaranteed after budget period 1?

A12. The RHTP is a 5-year funding program from CMS. Future funding is not guaranteed, though may be available to selected grantees in years 2-5 of Minnesota's program. This funding is dependent on work available and CMS's award to Minnesota. Current grantees will be notified of possible amendments for time and additional funds in the future.

Q11. What are expectations this grant to be funding in terms of when they get out. Ie, if they take someone in their 4th year, will they do their whole 4th year in that setting? Or can 20 people take 20 weeks

A11. Clinical Rotations are generally shorter time periods (4-8 weeks). It is expected this program will operate in a similar way. There may be multiple rotations of a short period at multiple locations or in different topic areas.

Per Section 2.3 of the RFP, Minnesota's overall target for rural clinical rotations across RHTP grant-funded programs is 20 new trainees per year in budget periods 2-5. This means 20 unique individuals complete at least one grant-funded rural clinical rotation per budget period in budget periods 2-5.

Q12. The RFP references consultation with GME experts. Do we need to seek this consultation during the application phase?

A12. Applicants are not expected to consult with GME experts during the application process, though MDH does expect awarded grantees to consult with GME experts (which should be reflected in proposed workplans). MDH will facilitate connection to the GME experts.

Q13. Does the 5-year service commitment apply to all trainees participating in grant-supported rotations, or only those receiving direct financial support or credentials tied to the grant? How does MDH define fulfillment of the 5-year rural service commitment (e.g., full-time vs part-time practice, allowable interruptions, or qualifying employment settings)?

A13. CMS has provided a Rural Health Transformation Service Commitment Fact Sheet (PDF) (https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf) discussing the 5-year service commitment. Additional information on tracking of the 5-year service commitment will be distributed to all funded grantees whose activities trigger the 5-year service commitment for individuals.

Q14. If the trainee does not complete a 5 year commitment, what is the consequence for the grantee and trainee?

A14. As outlined by CMS, those who fail to meet the 5-year service requirement: "CMS reserves the right to recoup funds where educational and/or credentialing or degree requirements that are prerequisites to clinical practice were not met, or when the 5-year service requirement otherwise was not fulfilled."

Q15. What is considered "direct support" that would trigger the service commitment? For residents that are GME funded but do training at a rural site with housing support through RHTP funds, as an example, would that be considered direct support?

A15. Direct support may include tuition, housing, or funding of a certificate, license, or degree. Additional guidance from CMS may be reviewed in this Rural Health Transformation Service Commitment Fact Sheet (PDF) (https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf) discussing the 5-year service commitment.

Q16.

1) Would you please define the 'direct support' that would trigger this requirement? We are seeing examples in CMS guidance that include recruitment/retention incentives, but we would appreciate guidance and examples for this program. Alternatively, is this 5-year service requirement applicable to any trainee in the program that is partially or fully funded by RHTP?

2) If a trainee becomes part of this service requirement, when does the timeline start for the 5-year service term?

3) If the 5-year service requirement is not fulfilled, what is the penalty, if any? Would the applicant entity, or any sub applicant site entities, be liable for any such penalties?

A16. CMS has provided a Rural Health Transformation Service Commitment Fact Sheet (PDF) (https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf) discussing the 5-year service commitment. Additional information on tracking of the 5-year service commitment will be distributed to all funded grantees whose activities trigger the 5-year service commitment for individuals.

Q17. We have an established partnership with a university across state lines from Minnesota to support accredited Mental Health Professional and Physician Residency training programs. Under this model, educational component occurs outside of Minnesota, while the clinical rotations would take place at Minnesota-based sites. Given this structure, could you please advise whether such a project would be eligible for funding under this grant program?

A17. The structure outlined above would not be eligible for funding through the RHTP Rural Clinical Rotations Expansion Grant Program as the clinical training program is not located in Minnesota.

Per RFP Section 1.4, eligible applicants are clinical training programs, which may be part of institutions of higher education, hospitals, or other entities located in Minnesota.

Q18. Can you kindly clarify what is meant in the following language on page 10 of the RFP? "Trainees who receive direct support or a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Minnesota. Grantees will provide the names and contact information of individuals trained to MDH for service commitment tracking." Specifically, we are wondering how to interpret the word "direct" in terms of direct support. To which students does this hefty time commitment apply? Example: if a student attends a 6 week clerkship at a rural site and stays at an apartment that is funded by the grant dollars, does the 5-year service commitment apply? (We are thinking not, as this isn't really 'direct' support). Can we assume that 'direct' support situations apply to students for whom their tuition is paid by RHTP funds, akin to a NHSC or military scholarship? And that it does not apply to students who are part of a cohort that enjoys the benefits of this Expansion Grant?

A18. CMS has provided a Rural Health Transformation Service Commitment Fact Sheet (PDF) (https://www.cms.gov/files/document/5-year-service-commitment-fact-sheet.pdf) discussing the 5-year service commitment. Additional information on tracking of the 5-year service commitment will be distributed to all funded grantees whose activities trigger the 5-year service commitment for individuals.

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