



**MINNESOTA**  
**RURAL HEALTH TRANSFORMATION**

# Rural Health Transformation Program

Office of Rural Health and Primary Care RHTP Team

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$193,090,618.14 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

All projects described are pending a fully approved budget.

# Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our Rural Health Transformation Program work, we demonstrate our commitment to Tribal-State relations by partnering with the MDH Office of American Indian Health and Tribal Relations to seek input from Tribal Nations as we develop and implement our program, including engaging Tribes on matters of data sovereignty and program evaluation.

- Introduction
- Overview of Minnesota's Rural Health Transformation Program (RHTP)
- Year 1 Direct Allocation Grant Opportunities
- Activity Overview and Selection
- Next Steps
- Q&A

# Overview of Minnesota's RHTP



[health.mn.gov](http://health.mn.gov)

# Minnesota's RHTP Award

- [HR1](#) signed into law July 4, 2025 → Rural Health Transformation Program
- Funding from CMS to help states support rural communities in improving health care access, quality, and outcomes by transforming the health care delivery ecosystem
- \$50 billion over 5 federal fiscal years (2026-2030) = \$10 billion annually to be distributed to all 50 states
- Minnesota will receive \$193 million for FFY2026
- More than 97% of Minnesota's funding will go out in grants and contracts
- CMS will review and approve the budget for each outgoing grant and contract and release funds to execute those subawards

# Strategic Initiatives



Community-based preventive care and chronic disease management



Recruit and retain talent in rural communities



Sustain access to services to keep care closer to home



Create regional care models to improve whole person health



Invest in technology, infrastructure, and collaboration for financial viability



# Overall RHTP Grant Outcomes

- 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.

# Disseminating RHTP Funds

- Year 1 focuses on efficiently getting funds into community through direct allocations to eligible rural hospitals, Tribal Nations, Federally Qualified Health Centers (FQHCs), and Community Behavioral Health Clinics/Community Mental Health Centers (CBHCs/CMHCs)
- Some competitive grants in year 1, and a greater emphasis on competitive grants in years 2-5
- Eligible rural hospitals, Tribal Nations, FQHCs, and CCBHCs/CMHCs may apply for those opportunities, along with other eligible organizations



# Year 1 Direct Allocation Grant Opportunities

# Eligible Entities

- See the RHTP Notice of Grant Opportunity for Rural Hospitals for full details on these direct allocation grant opportunities
  - Attachment A in each notice has a list of eligible organizations. Only those organizations are eligible for a direct allocation grant
- Each named organization must submit a separate application for their location, even if part of a larger parent company or system
  - If the parent company or system needs to be the primary signer, indicate that in the Authorized Organization Representative field in the application
  - A portion of each location's budget may go toward activities conducted across eligible locations if relevant

# Funding Amount: Hospitals

- 70% of Minnesota's RHTP funding will go out in direct allocation grants to 94 eligible rural hospitals in budget period 1
- Rural hospitals eligible for a direct allocation may apply for up to the estimated maximum award amount of \$1,400,000 for budget period 1
- 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

# Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated June 2026) – 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
- Grant agreements are expected to run through Oct 30, 2030, if MN continues to receive RHTP funding. Each year MDH will amend the grant agreement to add funds based on that year's CMS award to MN and the allocation percentages listed in the Notice of Grant Opportunity

# Spending RHTP Funds

- 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 Sep 30, the end of the following federal fiscal year)
- However, CMS will evaluate MN'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 MN receives an RHTP award for the next budget period and the amount of that award

# Continued RHTP Funding

- Your progress is crucial to securing RHTP funding for future years. CMS will allocate funding for budget periods 2-5 based on satisfactory progress in Minnesota. For grantees, this means:
  - Progress in implementing selected initiatives and activities
  - Following activity timelines
  - Progress on metrics and improvements on baseline data
  - Timely program and financial reporting
  - Fully spending down funds in the budget period

# Application Instructions & Important Dates

- Applications open: March 18, 2026
- Deadline for questions and TA requests: April 20, 2026
- Applications accepted on a rolling basis, with final deadline of May 15, 2026 at 4:30 p.m. Central Time
- Applications must be submitted through the [ORHPC Online Grants Portal](#)
- Applicants are strongly encouraged to:
  - Submit questions and [TA requests](#) early. Because these are non-competitive direct allocations, MDH can work with you as you prepare your application
  - Apply early so your grants can be executed sooner - remember that you will not be reimbursed for any work that happens before your grant agreement is fully executed

# Note about Vendors

- MDH has not contracted with any vendor to draft grant applications for year 1 allocation entities
- MDH did not share names or contact information for staff of any allocation entities
- MDH will only work directly with eligible organizations and Tribal Nations to draft applications and negotiate the activities in the grant agreement
- If an eligible organization wishes to subcontract out any portion of their RHTP grant funds to receive goods or services, they should include this as part of the work plan and budget in their application and solicit bids through a competitive process
- Please ignore unsolicited communications from vendors

# Reporting and Compliance Requirements

- Progress and financial reports will be submitted bimonthly: August 20, October 20, December 20, February 20, April 20, June 20
- Grantees may request to submit reports more frequently and MDH will strive to honor those requests; note that an updated progress report must accompany every financial report
- Grantees will report on required metrics for each of their activities. See the Notice of Grant Opportunity, Attachment B for more information about the metrics for each activity
- MDH will provide further guidance on outcomes, metrics, and reporting and will invite collaboration from grantees. Evaluation metrics may evolve based on grantee contributions, program findings, and CMS requirements

# Reporting and Compliance Requirements, cont'd

- Grantees will submit supporting documentation with each financial report, showing eligible expenses incurred and paid
- MDH will conduct annual monitoring visits and financial reconciliations for each grantee
- A Single Audit is required for non-federal entities 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

# Application Overview

- Organization and Applicant Information
- Project Information
- Organization Background
  - Organization Overview
  - Overarching RHTP Goals – how will your activities work together to advance these?
  - Transformative Impact – what lasting changes will result for your org and community?
  - RHTP Project Management
  - Administrative Costs (see details in a later slide)

# Application Overview, cont'd

- Activity Details
  - Project Description – detailed for first budget period, more general for years 2-5 (may opt in to other activities for years 2-5)
  - Procurement Process
  - Collaborating Partners
  - New or Expanded Project
  - Data Reporting
  - Work Plan – for first budget period; work plans submitted annually
  - Baseline Data
  - Budget and Budget Narrative – for first budget period; budgets submitted annually

# Application Attachments

- Required Attachments
  - Due Diligence Review Form
  - Audited Financial Statements
  - Rural Health Value: Value-Based Care Assessment Tool
- Optional Attachments
  - Letters of Support from Partner Organizations
- Conflict of Interest Disclosure
- Certification



# Activity Overview and Selection

# Activity Selection

- Detailed descriptions of activities are found in the Notice of Grant Opportunity, Attachment B
- Grantees must choose activities in at least two initiatives
- Consider how your selected activities work together to advance overarching RHTP goals
- Applicants are encouraged to consider the following when developing work plans and budgets:
  - Your overall RHTP award and how to distribute funding effectively across chosen activities
  - Need to demonstrate work and spending are advancing overarching RHTP goals and transforming the health care system
  - Need to achieve outcomes specific to each activity
  - Need to spend down funds by the end of the spending period for budget period 1
  - CMS will determine Minnesota's RHTP funding each year based on our progress in the previous year. Unspent funds must be returned to CMS

# Budgeting for Activities

- MDH recognizes varying needs among applicants and has not set a minimum or maximum award amount for each RHTP activity
- Applicants should submit a detailed budget for each activity corresponding to their work plan
- Administrative costs, including both direct and indirect expenses, may not exceed 6% of your total budget in budget period 1.
  - Examples: Staff time for personnel who support RHTP work but are not directly involved in activity implementation/delivery. Costs related to reporting to MDH. Costs of grant compliance, such as budget tracking and audits. Indirect costs.
  - Administrative cost limits are subject to change to ensure the entire RHTP stays under the cap.

# Ineligible Expenses

- See the Notice of Grant Opportunity, Attachment C, for a list of some ineligible expenses. A few examples:
  - Using RHTP funds for any work that is currently funded, or planned to be funded, by other sources (supplantation)
  - Using RHTP funds to pay for the same activities or provide the same services to the same beneficiaries as other funding sources or programs (duplication)
  - Payment for direct health care services or patient transportation
  - Construction or demolition (minor renovations or alterations may be eligible)
  - Salary payments exceeding the annual salary cap
  - Meals, except in limited circumstances



# Initiative 1: Community Based Preventive Care and Chronic Disease Management

# Activity: Chronic Disease Prevention and Management

- Supports rural hospitals and their affiliated clinics, Tribal Nations, and FQHCs in implementing community-based and clinical strategies focused on chronic disease prevention and management.
- When selecting this activity, applicants must select at least 3 of the 4 sub-activities
  - Chronic disease screening, education, referral, and follow up
  - Chronic disease self-management in clinic and community
  - Physical activity, nutrition, and upstream drivers of health referrals
  - Post-acute chronic disease care programs and support

# Data Reporting: Chronic Disease Prevention and Management

Measure	2025 Baseline Data	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5
<b>Cardiometabolic Screening</b>	Collected at time of application	Make progress toward targets	2 percentage point increase from base	4 percentage point increase from base	6 percentage point increase from base	8 percentage point increase from base
<b>Chronic Disease Self-Management</b>	Collected at time of application	Make progress toward targets	2 percentage point increase from base	4 percentage point increase from base	6 percentage point increase from base	8 percentage point increase from base
<b>Upstream Drivers of Health</b>	Collected at time of application	Make progress toward targets	2 percentage point increase from base	4 percentage point increase from base	6 percentage point increase from base	8 percentage point increase from base
<b>Cardiometabolic Goal</b>	Collected at time of application	Make progress toward targets	1 percentage point increase from base	2 percentage point increase from base	3 percentage point increase from base	4 percentage point increase from base



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

# Activity: Provide Local Care Delivery with Mobile Units for Physical or Oral Health

- Support for mobile units that will provide screening, primary and preventive care, delivery of lab work, basic restorative dental care, and referrals for patients needing further treatment. In addition to receiving services directly in the mobile unit, patients may also link to specialists via telehealth.
- Eligible Projects
  - Staff time for mobile unit planning and coordination
  - Purchase of and installation of equipment, supplies and software
  - Travel costs (mileage)
  - Contracts for software and training
  - Mobile care vans (funding for this is limited; case-by-case approval by MDH and CMS)

# Data Reporting: Provide Local Care Delivery with Mobile Units for Physical or Oral Health

How many new RHTP-funded rural mobile health care units became operational in this reporting period?

List the counties served by the new rural mobile health care units in this reporting period.

How many patient encounters occurred at each rural mobile health care unit in each county where the unit was in service during this reporting period?

How many Community Health Workers, Community Paramedics, Community Health Representatives, Doulas, or Peer Support Specialists, if any, were assigned to RHTP-funded rural mobile health care units in this reporting period?

# Activity: Implement or Expand Models that Integrate Frontline Staffing into Care Settings

- Implementation or expansion of evidence-based or promising practice models that integrate frontline staffing into care settings, broadening the set of providers poised to meet community needs. Frontline professionals include community health workers (CHWs), community health representatives (CHRs), community paramedics, doulas, and peer support specialists.
- Eligible Projects
  - Staff time to explore models, conduct planning and organizational readiness assessment, and develop and establish administrative structures such as operating procedures and scope of practice
  - Training and credentialing costs for frontline workers
  - Collaboration with other organizations and participation in regional peer support teams
  - Professional development and training opportunities related to implementation and sustainability of activity
  - Salary costs for supervisors of frontline workers (only for time dedicated to RHTP projects)
  - Supplies and mileage related to implementation of the activity
  - IT and data support for new or enhanced documentation systems

# Data Reporting: Implement or Expand Models that Integrate Frontline Staffing into Care Settings

How many patient encounters did allied health workers have in this reporting period?

How many allied health workers were hired in this reporting period? Report by allied health worker type.

How many allied health workers left their position in this reporting period?

How many allied health workers participated in evidence-based or promising practice models of integrating frontline workers into care teams? Which models?



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

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

- The Strengthening Rural Pathways to Medications for Opioid Use Disorder (SRP-MOUD) program supports the expansion of timely, low-barrier access to MOUD in rural Minnesota. Funds are used for implementation support within clinical settings.
- Eligible Projects
  - Program infrastructure and implementation
  - Clinical and administrative champions
  - Workforce training and capacity building
  - Care coordination and recovery support
  - Pharmacy coordination and medication access
  - Long-acting injectable MOUD implementation
  - Marketing, outreach, and community awareness

# Data Reporting: Expand Rural Access to Medications for Opioid Use Disorder (MOUD)

- 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

- Supports rural providers on the path to engage in alternative payment arrangements and population health models that improve quality of care and financial performance. Health information technology is one of many key resources needed to operationalize value-based care.
- Eligible Projects
  - Exploration, readiness assessment, planning or TA in preparation to join or create new clinically integrated networks or participate in alternative payment models
  - Expanding networks or population health focused activities
  - TA for IT capabilities and viability
  - Tech investments: population health platforms and analytics tools; MN Encounter Alert Service participation; care coordination software platforms and tools; AI for clinical decision support, documentation, virtual scribes; revenue cycle management tools, cybersecurity testing and infrastructure

Data Reporting:  
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

- Use of the [Rural Health Value: Value-Based Care Assessment Tool](#)
- 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



## Next Steps

# Registering for Grant Related Systems

- Office of Rural Health and Primary Care [ORHPC Online Grants Portal](#)
  - Creating accounts and other steps, including adding collaborators, are found online
    - [ORHPC Grant Guide, August 2022 \(PDF\)](#)
- SWIFT Vendor Resources
  - [SWIFT Vendor Resources / Minnesota Management and Budget \(MMB\)](#)
  - [SWIFT Supplier Portal Homepage](#)
  - [Vendor Reference Guides / Minnesota Management and Budget \(MMB\)](#)
- SAM.gov
  - Unique Entity ID [Entity Registration | SAM.gov](#)

# TA and Questions

- Request TA from MDH using this form ([TA Requests](#)) early in the application process
- Also submit questions through that form
- Questions from the group now?

# Staying engaged



Website: [Rural Health Transformation Plan - MN Dept. of Health](#)



Email: [hospitals.ruraltransformation.mdh@state.mn.us](mailto:hospitals.ruraltransformation.mdh@state.mn.us)



Updates: [Subscribe](#) for RHTP news



Watch for regional conversations and statewide learning communities



Submit [TA Requests](#) and questions

# Thank You!

**Office of Rural Health and Primary Care RHTP Team**

[hospitals.ruraltransformation.mdh@state.mn.us](mailto:hospitals.ruraltransformation.mdh@state.mn.us)

- [HR1 \(https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf\)](https://www.congress.gov/119/plaws/publ21/PLAW-119publ21.pdf)
- [ORHPC Online Grants Portal \(https://www.grantinterface.com/Home/Logon?urlkey=mdh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdh)
- TA requests: [Rural Health Transformation Application Technical Assistance Request \(https://forms.microsoft.com/pages/responsepage.aspx?id=RrAU68QkGUWPJriclVmCjGG4ndZDcqNMhwhz9CfuprdUMkY1VlkxMFo4UjJSRDgwSUlaUkFMSVpFSC4u&route=shorturl\)](https://forms.microsoft.com/pages/responsepage.aspx?id=RrAU68QkGUWPJriclVmCjGG4ndZDcqNMhwhz9CfuprdUMkY1VlkxMFo4UjJSRDgwSUlaUkFMSVpFSC4u&route=shorturl)
- [Rural Health Value: Value-Based Care Assessment Tool \(https://ruralhealthvalue.public-health.uiowa.edu/VBC\\_assess.html\)](https://ruralhealthvalue.public-health.uiowa.edu/VBC_assess.html)
- [ORHPC Grant Guide, August 2022 \(PDF\) \(https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf\)](https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf)
- [SWIFT Vendor Resources / Minnesota Management and Budget \(MMB\) \(https://mn.gov/mmb/accounting/swift/vendor-resources/\)](https://mn.gov/mmb/accounting/swift/vendor-resources/)
- [SWIFT Supplier Portal Homepage \(https://guest.supplier.systems.state.mn.us/psc/fmssupap/?cmd=login&errorPg=ckreq&languageCd=ENG\)](https://guest.supplier.systems.state.mn.us/psc/fmssupap/?cmd=login&errorPg=ckreq&languageCd=ENG)
- [Vendor Reference Guides / Minnesota Management and Budget \(MMB\) \(https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/\)](https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/)
- [Entity Registration | SAM.gov \(https://sam.gov/entity-registration\)](https://sam.gov/entity-registration)
- [Rural Health Transformation Plan - MN Dept. of Health \(https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html\)](https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans.html)
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