



## **RHTP: Physician Rural Residency Training Program Questions and Answers**

JUNE 25, 2026

**Q1. I am a critical care physician and professor at a University. 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. 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 Physician Rural Residency Training Grant Program aims to increase the number and size of rural residency programs to grow the rural physician workforce and meet the healthcare needs of rural residents.

**Q2. Our 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 per RFP section 1.4 the proposed project must train, or propose to train, medical residents in:

- A new rural residency training program, or
- A new rural residency training track within an existing residency program, or
- A community-based ambulatory care center that primarily serves the underserved and is proposing to add a rural residency training program or track.

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) (<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/mnrucaxlsx) (<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnrucaxlsx>) 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) (<https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html>).

See section 1.4 of the RFP for additional information on eligible applicants.

**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. We are currently planning to apply for the RHTP Physician Rural Residency Training Program grant in partnership with a rural community. Part of that grant, asks recipients to consult with the TAC for expert guidance. We serve as the experts at the TAC. Does this create any sort of conflict of interest in pursuing the planning and development funds?**

A5. It is expected that as applicants, you consult with other professionals within the TAC.

**Q6. Based on what I've read, we are only submitting a budget for 1 year for planning and development grant. Is that accurate?**

A6. Yes, MDH is looking for year 1 budgets for Feasibility or Planning and Development. A revised budget and budget period will come if future funding is approved and made available.

## **Q7. If awarded the grant, when will grant year 2 funding be requested?**

A7. Organizations should discuss high level aspects of their 5-year plan to deliver programming, but in the current application, organizations should write a workplan and budget for budget period 1 plus the extended spending period only. These dates run from estimated contract execution September 2026-September 30, 2027.

## **Q8. Are grant funds available upfront, or are they reimbursed after expenses are incurred.**

A8. It is the policy of the State of Minnesota to reimburse all expenses approved within the scope of executed contracts and exhibits. Reimbursement requests are made through bi-monthly Financial Reports, from which reimbursement is processed.

## **Q9. Pg 20 under Organizational Capacity you request "Include the number and types of faculty..." Can you please provide clarification on what is meant by "type"? MD, DO, PhD, etc.?**

A9. Please provide the faculty credential type, faculty's specialty, and role in residency training.

## **Q10. Clinical Training Sites - can you clarify what is meant by site location? Is it the site address?**

A10. MDH would like the physical addresses of proposed clinical training sites. MDH must ensure that clinical training site locations align with [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) (<https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes>)

## **Q11. What dates should our sponsored projects office use for the performance dates for the first period?**

A11. Grant agreement execution date is estimated to be September 2026. Within the work plan, start dates should be no earlier than the estimated grant agreement start date. Workplan activities may span through Budget Period 1's spending period (through September 30, 2027).

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