



RHTP: Statewide Tele-buprenorphine Access Line Questions and Answers

JUNE 25, 2026

Q1. I am wondering if we are an eligible entity for this grant?

A1. Yes. Organizations are be considered an eligible applicant provided it can meet the eligibility and program requirements outlined in the RFP. This may include eligibility as a telehealth provider currently enrolled as a Minnesota Health Care Programs (MHCP) provider (or with a demonstrated plan to become enrolled), as a nonprofit healthcare provider, community-based organization partnering with licensed Minnesota prescribers, or as part of a partnership or consortium with an identified fiscal lead.

Q2. We want to confirm our eligibility to apply for the Rural Health Transformation Tele-Buprenorphine funding opportunity. Our application will be from an academic institution, but our tele-buprenorphine services will be through our affiliated clinics and medical teams. Are we eligible to apply??

A2: Yes. Academic institutions are considered an eligible applicants if serving as the fiscal lead for a partnership or consortium in which the proposed tele-buprenorphine services are delivered through affiliated clinical entities and medical teams that meet the eligibility and program requirements outlined in the RFP.

Q3. Budget Period clarification - What is best method to set up expected budget, what do subsequent budget periods look like?

A3. 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 August 2026-September 30, 2027.

Q4. In terms of planning in subsequent planning years, what to expect?

A4. 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.

Q5. Estimated calls- does MDH have any estimates of monthly calls they expect?

A5. MDH does not currently have an estimate of anticipated monthly call volume for the Access Line.

Q6. Access line- availability of 60 hrs./week for initial intake. When would MDH like providers to be available, can we expect the same hours?

A6. MDH anticipates that participating providers would generally be available to receive referrals during the Access Line's hours of operation. The goal is to ensure timely access to care and support warm handoffs from the Access Line to ongoing treatment. MDH recognizes that provider schedules and capacity will vary, and respondents may propose approaches that best meet this goal.

Q7. What documents should be attached in the grant application to demonstrate that we are enrolled in the Minnesota Health Care Program or plan for our enrollment?

A7. Providers may demonstrate MHCP provider status by providing documentation showing they are currently enrolled as an MHCP provider. Examples may include an MHCP provider enrollment confirmation or a unique Minnesota Provider Identifier. MDH reserves the right to request additional documentation to verify provider eligibility.

Applicants that are not currently enrolled should provide a brief enrollment plan describing their anticipated timeline for MHCP enrollment, key steps they will take to complete the enrollment process, and the staff or departments responsible for completing enrollment activities.

Q8. We have internal and external collaborators for our project. Are letters of support allowed in addition to letters of intent from collaborators?

A8. Yes. Letters of support may be uploaded in this section. Letters from internal and external partners are both acceptable.

Q9. Can grant funds be used in conjunction with county opioid settlement dollars? Or is that not allowed?

A9. Grant funds may not duplicate or supplant activities already funded through another source. Applicants should clearly describe any related projects and funding sources in their application and explain how the proposed grant activities are distinct from existing investments.

Q10. We plan on applying as a collaborative effort with two other organizations. Bringing our strengths together. Each organization holds a big piece to this project. Is this something that is encouraged or discouraged with this grant?

A10. Collaborative applications are allowed and may be an effective approach to carrying out the work described in this funding opportunity. There is no preference for or against collaborative efforts during the review process. Applicants must identify a lead organization that will serve as the fiscal host and hold the grant agreement with MDH.

Q11. Transportation is an area of concern and a struggle in our area. Is this something able to be included in grant?

A11. This is not an allowable cost for this grant.

Q12. Is mileage reimbursement to help with transportation allowable?

A12. Transportation assistance for patients to access services is not an allowable use of grant funds. In limited circumstances, mileage or travel expenses related to project planning, implementation, or other grant-supported staff activities may be allowable if they are necessary to carry out the proposed work and are consistent with the approved budget and work plan.

Q13. Would the initial intake/triage call be billable to MHCP or would that be a covered cost by the grant?

A13. The initial intake, triage, and call line staffing activities are considered grant-funded activities and organizations will be expected to develop a sustainability plan as a part of their grant. As described in the RFP, grant funds may be used to support staff time needed to operate the Access Line, including on-call time when staff and prescribers are available to respond to incoming calls.

However, grant funds may not be used to supplant billable clinical services. Once a provider begins delivering a billable clinical service, that time should be billed to the appropriate payer when reimbursement is available and appropriate. Applicants should clearly describe how they will distinguish between grant-funded Access Line activities and billable clinical services.

Q14. What is the required response time for the intake line to answer an incoming call or is a callback model acceptable? If callback is acceptable, what is the maximum allowable callback window such as 5, 15, 30 minutes?

A14. MDH has not established a specific required response time for answering incoming calls or returning calls, and a callback model is acceptable. However, given the urgent nature of opioid use disorder treatment needs, applicants should propose a process that minimizes delays and supports rapid access to assessment and treatment. Proposed response times and staffing models should be clearly described in the application.

Q15. Once a patient has completed intake and been deemed appropriate for clinical assessment and treatment, what is the required response time for a licensed provider to evaluate and see that patient?

A15. MDH has not established a specific required response time for a provider to complete a clinical assessment following intake. However, given the time-sensitive nature of opioid use disorder treatment, applicants should design workflows that support assessment and treatment as quickly as possible, ideally during the same day whenever feasible. Proposed response times and staffing models should be clearly described in the application.

Q16. For calls received outside of operating hours, is there a required protocol or response time expectation?

A16. MDH has not established a required protocol or response time for calls received outside of operating hours. Applicants should propose an after-hours process that aligns with the goals of providing timely, low-barrier access to care. This may include voicemail, callback systems, or other approaches.

Q17. Is the \$1 million grant funding for a five-year span, or is it a yearly fund?

A17. This is the first budget period's allocation for this activity.

Q18. If uninsured patients receive care for which we cannot bill any insurance or CMS, can we use the grant money to reimburse that care?

A18. No. RHTP funds are not able to pay for uninsured/underinsured patient services.

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