



RHTP: Project ECHO for Maternal and Behavioral Health Questions and Answers

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Q1. Does our organization need to be trained to provide ECHO sessions prior to application submission?

A1. No, organizations need to be trained prior to contract execution.

Q2. When writing the budget and timeline, do we write it for all 5 years of programming?

A2. 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 only.

Q3. Could you elaborate on the restrictions related to duplicative programming?

A3. Duplication includes funding for the same activities/services to the same beneficiaries currently supported by other funding sources or programming.

Q4. We're wondering whether you might be able to provide a list of current programming that would be considered a potential conflict or overlap?

A4. Current Project ECHOs taking place that may overlap include Stratis Health Opioid Addiction in Rural (SOAR) Project ECHO and the Minnesota Perinatal Quality Collaborative Perinatal Education ECHO Series. Applicants should review existing ECHO series shaped around rural audiences in Minnesota when proposing their project.

Q5. Could a contracted partner be trained in iECHO rather than the grant applicant?

A5. Organizations may contract to deliver the ECHO programming. All contracted/collaborative relationships should be documented in the application, with duties outlined in the workplan. Organizations must maintain all records related to their contract/collaborative partners.

Q6. Is the expectation that this will be offered statewide open to anyone?

A6. Yes, proposals should include statewide participation and be inclusive of rural populations throughout the state. Organizations should develop proposals that meet the unique needs of different rural populations in Minnesota.

Q7. The RFP states that eligible applicants must “be trained in iECHO, for the Project ECHO model.” Does this training need to be completed at the time of application submission, or would an applicant be eligible if they complete the training before the grant start date? Relatedly, would an applicant be eligible if they partner with an organization or subcontractor that is already trained in iECHO?

A7. Organizations need to be trained prior to contract execution. Organizations may contract to deliver the ECHO programming. All contracted/collaborative relationships should be documented in the application, with duties outlined in the workplan. Organizations must maintain all records related to their contract/collaborative partners

Q8. Just looking to confirm which deadline is accurate so we don't miss out on the opportunity. Thank you!

A8. Applications are due at 4:30 p.m. on June 3, 2026.

Q9. Was the meeting recorded and would it be possible to receive the recording?

A9. The informational webinar was not recorded, however the slides for the meeting can be viewed online [Project ECHO for Maternal and Behavioral Health RFP Webinar \(PDF\)](https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/docs/rhtpechoslides.pdf) (<https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/docs/rhtpechoslides.pdf>).

Q10. Question about the indirect costs limitation of 6%: The instructions say up to 6% of budget period 1 costs can go toward indirect costs but the online portal indicates 6% of total costs (assuming all years). Is the assumption that we can budget 6% ICR in all years the correct one?

A10. The indirect cost limitation applies to administrative and indirect costs in the budget. This first budget is written for budget period 1 and has an indirect and administrative limitation of 6%. Administrative cost limits are subject to change to ensure that the entire program stays under the CMS cap on administrative costs.

Q11. Should the online application budget section include a request for the full five-year project period or just year 1 (4-month budget period)? If the first, should we include a five-year budget somewhere in the application?

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 there a suggested year 1 amount that we should stick to for that initial 4-month budget period?

A12. The total amount of funding available in budget period 1 is \$330,000. Applications should not exceed this amount. The first 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).

Q13. I am looking for some clarity on the wording for budget guidance in the RFP for Project ECHO for Maternal and Mental Health. It is stated that this funding is for 5 years and a maximum award of \$330,000. There is also discussion of future funding. Is the \$330,000 maximum to be budgeted across the 5 years? Or is the \$330,000 maximum per year?

A13. The total amount of funding available in budget period 1 is \$330,000. Additional funding may be added in future budget periods.

Q14. Exhibit B says no IDC allowed but the RFP says administrative costs, direct and indirect can be requested. UMN typically uses a percent of the total direct costs to calculate indirect costs - are we not able to do that with the 6% administrative cap? Would we have to name administrative personnel for paid effort and ensure that it does not go over the 6% of year 1 costs?

A14. Indirect and administrative costs are allowed. Exhibit B states “Administrative costs, including direct and indirect costs, exceeding the 6% limit for Budget” are not allowed. Proposals should identify when personnel is administrative vs programmatic to ensure that administrative and indirect remains under the 6% limit.

Q15. We saw the open applications for ECHO programs for maternal and behavioral health (and possibly other programs). In our reading of the RFA, it appears that MDH would consider other topics in addition to the two of preference. We were planning to submit one of the applications on Artificial Intelligence in Healthcare aimed at primary care providers. Understanding that MDH cannot provide comments in the merits of the idea, our team wanted to understand if this particular topic would be considered with the RFA.

A15. This RFP seeks proposals on either mental/behavioral health, maternal health, or a combination of both mental/behavioral health and maternal health. These three combinations could include individual sessions on things like Artificial Intelligence within the main three focused topic areas.

Q16. Question regarding a deliverable expected for budget period one. As the budget period is extremely short (July 15, 2026–Oct 30, 2026), is it permissible to begin our minimum of four ECHOs within the second budget period year (as carryover into budget period two with funding from budget period one is permissible). Or do they have to occur within budget period one? I only ask as we would like to dedicate those months to planning, recruitment, marketing, and a needs assessment to deliver a valuable learning experience for our constituents.

A16. The application, including the budget and workplan/deliverables should be written for budget period 1 (grant contract execution through October 30, 2026 plus the additional spending period spanning until September 30, 2027).

Q17. You mentioned that this RFP cannot be a repeat ECHO topic in Minnesota. Are you able to provide a list of those topics so we can determine if ours is more niche? (Our team is currently hosting buprenorphine training to clinicians on ECHO, however, we plan to utilize our ECHO to also train community health workers).

A17. Current Project ECHOs taking place that may overlap include Stratis Health Opioid Addiction in Rural (SOAR) Project ECHO and the Minnesota Perinatal Quality Collaborative Perinatal Education ECHO Series. Applicants should review existing ECHO series shaped around rural audiences in Minnesota when proposing their project.

Q18. You also emphasized that direct and indirect admin costs must not exceed 6% of the total budget - and some roles may or may not be considered as administrative. Are you able to provide more guidance of roles and other considerations that may fall into that category? (For instance, would a project manager who oversees the entire project be considered administrative? Engagement coordinator who manages and plans out ECHO series - would that be administrative as well?)

A18. Per the RFP, 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.

If the project manager or engagement coordinator are working on programmatic aspects, this may be attributed to your program's budget.

Q19: Our understanding is that the application should include:

- **A general project narrative describing the broader five-year vision for the Project ECHO series;**
- **A detailed work plan and budget for Budget Period 1 only, through September 30, 2027; and**
- **The detailed Budget Period 1 work plan and budget should reflect only the required number of ECHO sessions during the initial budget period, specifically, four ECHO sessions if selecting one topic area, or eight total ECHO sessions if selecting both maternal health and behavioral health.**

Could you please confirm whether this interpretation is correct?

A19. This is correct.

Q20: We also wanted to clarify expectations around proposed session topics. Since the detailed work plan and budget are only for Budget Period 1, should applicants provide proposed session topics only for the sessions planned during Budget Period 1, or should applicants also include proposed topics for 12–24 sessions in future budget periods?

A20. Topic sessions may be outlined at a high level for the 5-year project period, but the workplan and budget only need to detail the sessions for Budget Period 1.

Q21: The RFP does not allow for other topics with only a focus on artificial intelligence for primary care practitioners?

A21. The primary topic of the series should be on maternal health, mental/behavioral health, or a combination of the two. If there are sub-topics/individual sessions that an organization wishes to bring in that relate to maternal health, mental/behavioral health, or a combination of the two, this is allowable.

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