MINNESOTA
RURAL HEALTH TRANSFORMATION

RHTP: Technical Assistance for Rural Health Care Entities in Support of Community & Clinical Linkages

AUGUST 3, 2026

Q1. The MDH RHTP FAQ states that administrative expenses are limited to 10% of the State's overall award, including subrecipient administrative expenses. For purposes of this RFP, will selected firms be treated as contractors/vendors or subrecipients?

Also, does the 10% limitation apply to contractor indirect costs, including federally negotiated indirect cost rates (NICRA), overhead, or G&A expenses included in proposed pricing?

A1. Selected firms of this solicitation are subrecipients and subject to the 10% limitation on indirect costs.

Q2. Our company helps rural healthcare providers improve their financial sustainability by recovering lost revenue from written-off claims. Specifically, we identify and recover billable patient information for claims that were previously written off due to insufficient information.

We operate on a contingency basis, meaning we only charge for claims we successfully locate that result in payment. Additionally, we provide training and support to help providers implement practices that prevent future write-offs. Based on this overview, could you please clarify if these services align with the requirements of the RFP?

A2. This is one aspect of the RFP. Responders are welcome to propose technical assistance in areas that best align with their expertise and the requirements of the RFP.

Q3. We submitted a proposal for Health Information Technology Advisory Services on June 1, 2026. We are also evaluating the new Technical Assistance for Rural Health Care Entities in Support of Community & Clinical Linkages request for proposal.

We've noticed overlap between the two RFPs technical assistance and would like to know if the new proposal is related to the first? Would a response to Technical Assistance for Rural Health Care Entities in Support of Community & Clinical Linkages RFP be in collaboration with the Health Information Technology Advisory Services RFP?

Is it acceptable for us to apply to both RFPs if we can demonstrate how our TA approach would be cohesive and complementary across initiatives?

A3. Minnesota's RHTP program is a comprehensive program across all five initiatives. The services provided by each TA vendor are separate deliverables specific to each initiative, however the needs of the organizations being served by the TA may overlap. Each organization will express their individual needs.

Q4. The RFP invites responders to propose technical assistance in selected areas of expertise and states that responders are not required to provide TA proposals for all example areas. Would MDH consider a proposal focused specifically on reimbursement sustainability, managed care contracting, billing/documentation workflows, payer engagement, and braided financing for RHTP-funded models — including frontline worker services, mobile units, telehealth access points, and community-clinical linkages, even if the responder is not proposing to provide the full clinical implementation TA for every activity?

A4. This is one aspect of the RFP. Responders are welcome to propose technical assistance in areas that best align with their expertise and the requirements of the RFP.

Q5. As we begin developing our proposal, could you please clarify the level of funding available for awardees? Having a sense of the anticipated budget would be invaluable in ensuring our proposed scope aligns with the state's expectations.

A5. At this time, up to $4,000,000 has been allocated for this solicitation. Respondents should include adequate

Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q6. We were wondering if the rural health facilities we will be serving in MN must be decided/included in the initial application, or if that is decided upon contracting.

A6. A list of all the rural health facilities eligible for TA services can be found on MDH's RHTP Website under the Notice of Grant Opportunities for Rural Hospitals, Rural FQHCs, Rural Tribal Nations, and Rural CCBHCs/CMHCs. Rural Health Transformation Program Funding (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)

Q7. We're a telehealth software platform built around real-time crisis triage and behavioral health access points. We noticed the RFP references telehealth access points under the Frontline Staffing activity and telehealth resources for specialty care under Chronic Disease Management that's the piece we'd be positioned to support with our technology.

We provide the software/access-point infrastructure, not the full range of TA services (chronic disease programming, frontline worker billing, etc.) called for elsewhere in the RFP. Given that, would our experience be a reasonable fit as a technical assistance provider in this specific area? We want to make sure we're a credible fit before committing resources to a full proposal.

A7. Responders must be able to provide TA services as outlined in the RFP's Tasks and Deliverable's section. Vendors who are only able to provide software may not be the best fit for this solicitation.

Q8. We have developed and tested in various rural primary care settings a virtual/digital, evidence-based, AI-guided, health assistant chaperoned, individualized, integrated health platform (IHP) for each rural (or urban resident) to use to address a large percentage of their acute/chronic care/health primary care issues with better access, care, health and cost outcomes. Thus, taking many of the data collection, vetting, enhancement, analytical, guidance option, documentation, billing and other admin functions off the hands of overworked primary care clinicians and into the hands of three new primary care providers - i.e. each patient's IHP, the patient themselves using their IHP, and each patient's health assistant. Do you consider this kind of hybrid system that integrates numerous software, hardware, human resources, etc. into a new virtual primary care delivery system and the training about how to best use the IHPs as Technical Assistance?

A8. Responders must be able to provide TA services as outlined in the RFP's Tasks and Deliverable's section.

Q9. For the MRHTP and this grant, we would propose to deliver this TA-IHP system directly to patients in their homes, place of work, mobile health units, wherever they and their cell phone are by working with a rural hospital/FQHC/CHC team by recruiting in the first year of the grant about 500 patients with multiple chronic conditions (MCC). We would show the clinical and non-clinical care team members - including the patients themselves - how to use their IHPs and work with their health assistants and other members of their health team on a much more virtual, frequent, interactive time cycle to catch emerging problems earlier and head them off before they become serious major chronic disease events that disrupt the patient's and their families' lives in a major way, cause preventable use of hospitals and FQHCs and related increases in health care costs. Do you consider using the grant proceeds in this manner as technical assistance and an appropriate way to train new and existing cadres of frontline primary care workers? At the end of the first year, this approach could then be scaled to other 125 rural settings as well as underserved people in urban areas.

A9. Responders must be able to provide all tasks and deliverables, including TA services as outlined in the RFP's Tasks and Deliverable's section.

Q10. In the RFP, you talk about "Sample Transaction Documents." Are electronic forms used to collect onboarding data about each patient an example of "a transaction document?"

A10. This is one sample transaction document that may be requested of finalists.

Q11. What is the estimated budget or funding ceiling allocated for this specific TA contract?

A11. At this time, up to $4,000,000 has been allocated for this solicitation. Respondents should include adequate information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q12. If a responder proposes more than one area of expertise, is a separate full proposal required for each, or one combined proposal with sections broken out per area?

A12. If responder is providing more than one area of expertise and TA on more than one activity (Chronic Disease Prevention and Management, Implement or Expand Models that Integrate Frontline Staffing into Care Settings, and/or Provide Local Care Delivery with Mobile Units for Physical or Oral Health), responder should

break out each activity / area of expertise with separate work plans, methodologies, and cost details all within the same full proposal.

Q13. Does the 20-page limit per area of expertise apply collectively to all four components (Work Plan, Methodology, Qualifications/Experience, Work Sample) combined, or 20 pages per component?

A13. The 20-page limit is for each proposed area of expertise. For example, if proposing all three areas of expertise, the page limit is 60 pages.

Q14. Must content for a single area of expertise be submitted as one single file, or can it be split across multiple files/documents?

A14. The content for all proposed area of expertise should be submitted as one document labeled as the technical proposal.

Q15. Do cover pages or the Work Sample count toward the 20-page limit, or are they excluded?

A15. Cover pages and work samples are included in the page limit.

Q16. What does MDH expect responders to provide as the Work Sample to satisfy the requirement?

A16. Work samples may include plan documents containing similar tasks and deliverables for past work completed or other relevant documentation to demonstrate very similar services being provided.

Q17. Should Attachment C (Cost Proposal) be submitted once total, or separately for each proposed area of expertise?

A17. Responders should provide one cost proposal encompassing all areas of proposed expertise.

Q18. Please confirm the complete list of required forms/attachments for submission (Attachments A, B, C, D, and the Conflict of Interest statement), are there any others?

A18. All proposals should include the following documents:

- Attachment A: Responder Declarations
- Attachment B: Exceptions to State's Standard Terms and Conditions
- Attachment C: Cost Proposal
- Attachment D: Responder Forms
- Workforce and Equal Pay Declaration Page
- Equal Pay Certificate Form
- A disclosure statement related to Conflicts of Interest. Please note there is no template for this statement. Responders should refer to Section 2.4 of this Request for Proposals for additional information.

Q19. Is this a new contract, or a replacement/continuation of an existing MDH TA contract?

A19. This is a new solicitation.

Q20. Is subcontracting allowed under this contract, and if so, are there any specific subcontracting goals or requirements (e.g., percentage targets)?

A20. Subcontracting is permitted, however all subcontracting should be outlined in the proposal and include the purpose, roles, and same cost proposal breakdown for subcontractors as for primary contractors.

Q21. Are references required as part of the proposal? If so, how many and in what format?

A21. Responders are not required to submit references as a part of their proposal, however per RFP Section 6 number 5, the State reserves the right to interview key personnel or references.

Q22. Is Section 4 – Proposal Content exhaustive, or are there additional requirements elsewhere in the RFP we should address in the proposal?

A22. Section 4 is exhaustive. Be sure to reference the Tasks and Deliverables outlined in Section 2 when developing the work plan.

Q23. Will this be a single-award or multiple-award contract? If multiple, how will TA responsibilities be divided among awardees?

A23. There is potential for multiple awards under this solicitation. MDH will determine the division of responsibilities upon contracting.

Q24. Is a sample transaction/agreement document required to be submitted with the proposal, or only after selection as noted in Section 4?

A24. Sample transactions are not required to be submitted at this time, however may be required of finalists.

Q25. Is a Certificate of Insurance and Minnesota business license required to be submitted with the proposal?

A25. The certificate of insurance and Minnesota business license are not required to be submitted with the proposal, however must be available at the time of contracting.

Q26. We are aware of the page limit per identified area of expertise and the accompanying cost detail document. Is there a formatting requirement that we should adhere to? We are also planning to provide letters of support from organizations. Can these be submitted as attachments or should they be part of the proposal narrative?

A26. Responses should be 12-point font and double-spaced and adhere to the page limits as indicated. Responses should be submitted as Microsoft Word or PDF files. Letters of Support are included in the page limit.

Q27. One RHTP grantee, has subcontracted with us to provide programming to support their RHTP initiatives. We plan to formally disclose this as part of our project narrative to be a TA vendor. Is there anything else we need to do?

A27. Your conflict of interest disclosure should include any companies or organizations in which your firm has a financial stake or could gain benefit from an affiliation.

Q28. Attachment E states: "You must designate an individual responsible for managing and overseeing your program activities. This person must dedicate at least 25% of their RHTP time to managing and overseeing the program."

Is the individual required to dedicate 25% of the hours they spend supporting this grant on managing and overseeing the program (vs. direct grantee support)? Or is the individual required to dedicate 25% of their total work hours to supporting this grant?

A28. At least one individual is required to dedicate at least 25% of their time on this solicitation towards managing the work of the contract.

Q29. Can work examples be provided as an attachment?

A29. Work samples may be provided as an attachment, however they are included in the page limit.

Q30. Can grantee organizations receiving TA support expand their partnership with the Vendor using their own funds?

A30. Independent organizations and businesses are free to conduct business with vendors of their own choosing.

Q31. To allow apples-to-apples cost comparison, will MDH provide standard planning assumptions (e.g., number of grantees per activity, expected TA touchpoints, in-person vs. virtual mix)?

A31. An annual estimation of up to 125 grantees (Rural hospitals, Rural FQHCs, Rural CCBHCs/CMHCs, and Rural Tribal Nations) may benefit from the TA. It is expected that this TA will primarily be provided virtually, however there will be many times where in-person formats are beneficial to organizations.

Q32. The 20-page limit is "per proposed technical assistance area of expertise." Does that limit include or exclude the Work Sample, staff résumés/bios, and required attachments (A–D, COI statement)?

A32. The page limit is inclusive of work plan, methodology, qualifications and experience, and work sample, outlined in Section 4. It does not include attachments A-D or the COI statement.

Q33. The RFP requires collaboration with "other RHTP-funded TA vendors." Are parallel TA procurements underway for the other RHTP initiative areas, and how will MDH delineate scope to avoid duplication or gaps between vendors?

A33. It is expected that if multiple vendors are secured for this solicitation, that the TA vendors providing expertise across the areas outlined in this RFP will collaborate, facilitated by MDH. MDH will determine the division of responsibilities upon contracting.

Q34. Please clarify whether technical assistance recipients (up to approximately 125 organizations) will be assigned to awarded vendor(s) by MDH, or whether participating organizations will select among multiple awarded TA vendors.

A34. MDH will facilitate the connection of organizations to the TA vendors.

Q35. Please confirm whether the requirement that TA be available “at minimum once per month per organization” refers to individual one-to-one interactions with each participating organization or may include group-based TA opportunities when appropriate.

A35. Responders may provide a varied approach of one-to-one interactions and group-based opportunities as appropriate.

Q36. Please confirm whether MDH has existing technical assistance tools, templates, readiness assessments, reporting formats, or implementation frameworks that awarded vendors will be expected to use or align with.

A36. MDH does not have existing technical assistance tools or frameworks for this solicitation. Responders are welcome to propose tools, templates, assessments, etc as a part of their approach. Upon contracting, if tools are

needed, they must meet all State of Minnesota Accessibility Standards and be published on Minnesota RHTP branded templates. The TA Vendor is expected to solicit input or feedback from grantees on tools or resources that are needed to implement the scope of work, with prior approval from MDH.

Q37. Please clarify expectations regarding in-person technical assistance, including whether there are minimum onsite requirements, regional meetings, or statewide convenings anticipated during the contract period. Are travel costs for statewide in-person TA to be built into the deliverable rates, reimbursed separately, or capped?

A37. It is expected that this TA will primarily be provided virtually, however there will be many times where in-person formats are beneficial to organizations. There are opportunities for at least once per year statewide convenings and some regional meetings to occur as well. Responders should propose a mix of in person and virtual based TA. Travel costs should be built in to the deliverable rates.

Q38. We are considering submitting a proposal for two of the three technical assistance activities identified in the solicitation. Our proposed approach includes an overarching technical assistance framework that would apply to both activities, followed by activity-specific work plans, methodologies, qualifications and experience, staffing, and work samples.

Because the solicitation establishes a 20-page limit per proposed technical assistance area of expertise for the Work Plan, Methodology, Qualifications and Experience, and Work Sample, could you please clarify how MDH intends to review proposals that address more than one activity? Will the two proposed activities be reviewed together as components of a single proposal, allowing respondents to provide a brief overarching framework once before the two activity-specific responses? Or will each activity be reviewed separately and therefore need to include all relevant framework information within its respective 20-page response?

A38. Proposals including multiple areas of expertise will be reviewed as one comprehensive proposal, not as separate proposals.

Q39. Can a responder submit proposals for one, two, or all three technical assistance focus areas independently, and will each focus area be evaluated separately?

A39. A responder who wishes to submit multiple areas of expertise in their proposal should submit one comprehensive proposal.

Q40. If proposing multiple TA focus areas, should all materials be submitted within a single proposal package, or as separate proposal responses within SWIFT?

A40. Proposals including multiple areas of expertise will be reviewed as one comprehensive proposal, not as separate proposals.

Q41. Are work samples included within the 20-page limit or excluded from the limit?

A41. Work samples are included in the page limit.

Q42. Will MDH allow references or appendices outside the 20-page technical response limit?

A42. Additional references or appendices outside of the page limit will not be reviewed nor scored.

Q43. Noting support for up to approximately 125 organizations, can MDH provide an estimated allocation of participating organizations by provider type (hospital, Tribal Nation, FQHC, CCBHC/CMHC, CBO, etc.) and estimated support hours per quarter?

A43. There are 94 hospitals, 5 FQHCs, 16 CCBHCs/CMHCs, and 10 Tribal Nations at this time who are eligible for the TA support. The support needs are varied. Cost proposals should be comprehensive of the required tasks and deliverables outlined in Section 2 of the RFP.

Q44. Has MDH established a not-to-exceed budget, expected funding allocation, or funding range for this procurement?

A44. At this time, up to $4,000,000 has been allocated for this solicitation. Respondents should include adequate information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q45. Does MDH anticipate additional RHTP procurements that may overlap with this TA scope?

A45. No.

Q46. Will MDH define statewide outcome metrics before contract start, or will the contractor co-develop metrics with MDH?

A46. MDH has already defined the outcome metrics for the RHTP. They can be reviewed in MN's RHTP Program Narrative: MN Rural Health Transformation Project Narrative (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/docs/rhtpnarrative.pdf).

Q47. What level of in-person delivery does MDH anticipate statewide during the initial contract period?

A47. It is expected that this TA will primarily be provided virtually, however there will be many times where in-person formats are beneficial to organizations. There are opportunities for at least once per year statewide convenings and some regional meetings to occur as well. Responders should propose a mix of in person and virtual based TA. Travel costs should be built in to the deliverable rates.

Q48. Will MDH establish quarterly or annual participation targets for TA recipients?

A48. Each recipient of RHTP funding has targets across the 5 years of the program they are expected to meet, contributing to Minnesota's overall RHTP metric goals. These are communicated with the grantee.

Q49. Will the vendor selected for this contract be considered a subrecipient of RHTP and therefore must not exceed 10% for administrative costs?

A49. Selected firms of this solicitation are subrecipients and subject to the 10% limitation on indirect costs.

Q50. Can MN DOH share their approved RHTP budget narrative?

A50. At this time, MDH has not published it's approved RHTP budget narrative. Up to $4,000,000 has been allocated for this solicitation. Respondents should include adequate information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

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