Rural Health Transformation Program: Statewide Tele-buprenorphine Access Line

GRANT REQUEST FOR PROPOSAL (RFP)

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05/11/2026

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RFP Part 1: Overview

1.1 General Information

- **Announcement Title**: Rural Health Transformation Program: Statewide Tele-buprenorphine Access Line
- **Minnesota Department of Health (MDH) Program Website**: Rural Health Transformation Program Funding - MN Dept. of Health
- **Application Deadline**: June 29, 2026 4:30 p.m. Central Time

1.2 Program Description

The federal Rural Health Transformation Program (RHTP) was created by H.R.1 (Section 71401 of Public Law 119- 21) on July 4, 2025. It is a federal initiative to help state governments support rural communities in improving healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem. The RHTP focuses on promoting innovation, strategic partnerships, infrastructure development, and workforce investment in rural communities. The federal program will grant up to $50 billion to states over five budget periods.

The Minnesota Department of Health (MDH) was awarded approximately $193 million by the Centers for Medicare & Medicaid Services (CMS) for the first budget period to transform the rural health system in Minnesota. Most of the funding will be distributed in grants to rural hospitals, rural Tribal Nations, rural Federally Qualified Health Centers (FQHCs), and rural Certified Community Behavioral Health Clinics (CCBHCs) and Community Mental Health Centers (CMHCs).

Minnesota's RHTP covers a broad range of initiatives designed to advance the overarching goals of improving health outcomes and access to care for rural Minnesotans, strengthening partnerships between providers to expand service delivery in rural communities, and stabilizing rural provider financial health through strategic investments.

Opioid Use Disorder (OUD) is a chronic, treatable health condition in which individuals compulsively seek and use opioids despite harmful consequences. OUD continues to significantly impact communities across Minnesota, with many individuals facing barriers to timely, evidence-based treatment. Medications for Opioid Use Disorder (MOUD) are medications such as buprenorphine or methadone that help with the treatment of Opioid Use Disorder. MOUD reduces overdose risk and improves long-term outcomes. Access to MOUD, particularly in rural areas, has been inconsistent due to a shortage of providers trained to prescribe MOUD, limited same-day treatment options, gaps in after-hours care, and challenges navigating fragmented systems of care. These barriers often result in missed opportunities to initiate treatment during critical moments of readiness, such as following an overdose or during acute withdrawal.

This RFP supports the planning, development and implementation of infrastructure needed to operate a tele-buprenorphine (telebupe) access line. The Telebupe Access Line will allow

Minnesota to build a centralized and sustainable statewide access system to address persistent access gaps in rural communities.

The goal of this project is to implement a Telebupe Access Line that will operate sustainably by the end of the five-year grant period through billable clinical encounters.

The Telebupe Access Line will provide rapid access to clinical assessment and prescriptions for MOUD to individuals seeking treatment, with a primary focus on individuals in rural communities where same-day access to care is limited or unavailable. The Telebupe Access Line should be operational for a minimum of 60 hours per week, with the selected vendor prepared to begin service delivery during budget period 2. The selected vendor should provide timely evaluation, initiation of treatment, and prescribing support for those who utilize the service. The Access Line should prioritize actively linking patients to ongoing, community-based care for longitudinal treatment, when appropriate and available, but may also provide longer-term continued prescribing when local treatment options are unavailable, inaccessible, or not suitable to meet the patient's needs. This approach is intended to be flexible to ensure uninterrupted access to evidence-based treatment while supporting transitions to community-based care whenever feasible.

Grant funds may be used to support infrastructure and program implementation. However, clinical services must be sustained through billable encounters, and grant funds may not be used to pay for direct clinical care.

1.3 Funding and Project Dates

Funding

Funding will be allocated through a competitive process. If selected, you may only incur eligible expenditures when the grant agreement is fully executed and the grant has reached its effective date, whichever is later.

Funding	Estimate
Estimated Amount to Grant	$1,000,000
Estimated Number of Awards	1
Estimated Award Maximum	$1,000,000
Estimated Award Minimum	$750,000

Future Funding

The RHTP is a 5-year funding program from CMS. Future funding 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.

Match Requirement

There is no match requirement for this program.

Project Dates

Request for Proposal published: May 11, 2026
Applications due: June 29, 2026, 4:30 p.m. Central Time
Grant agreements begin (estimated): August 1, 2026
Grant Agreements end: October 30, 2030

1.4 Eligible Applicants

Applicants must be currently enrolled as a Minnesota Health Care Programs (MHCP) provider or demonstrate a plan and timeline to achieve MHCP provider enrollment. Applicants must be prepared to meet all MHCP provider eligibility and enrollment requirements as a condition of award. Applicants may be either for-profit or not-for-profit entities that demonstrate experience supporting MOUD needs in healthcare and telehealth capabilities. Rural experience is preferred. This may include:

- Hospitals or health systems licensed to operate in Minnesota
- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Tribal health organizations and Urban Indian health programs
- Nonprofit community health providers
- Behavioral health organizations licensed in Minnesota
- Telehealth providers that are currently enrolled as a MHCP provider or demonstrate a plan and timeline to achieve MHCP provider enrollment
- Community-based organizations partnering with licensed Minnesota prescribers
- Partnerships or consortia of the above entities (one entity must serve as the fiscal lead)

Applicants will be selected based on their ability to complete proposed projects and evidence of experience in the proposed subject matter.

Grant contracts are not transferable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Collaboration

Applicants are encouraged to develop formal partnerships with organizations to complete the required activities described in this RFP. Applicants will submit letters of intent from collaborating partners. The program narrative, work plan, and budget should clearly define the roles and responsibilities of all partners related to telehealth service delivery, at-home buprenorphine induction support, and linkage to care coordination. Partnerships that include

care coordination services should be accessible and patient-centered and must not be limited to referral pathways within a single health system or provider network.

Questions and Answers

All questions regarding this RFP must be submitted by email to Grants.ruraltransformation.mdh@state.mn.us. Answers will be posted within seven business days at Rural Health Transformation Program Funding - MN Dept. of Health.

Please submit questions no later than 4:30 p.m. Central Time on June 15, 2026.

To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of the Department, other than questions submitted to as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**

RFP Information Meeting

An informational meeting about this Request for Proposals will take place on June 4, 2026 at 11:00 a.m. (Teams). A link will also be provided at Rural Health Transformation Program Funding - MN Dept. of Health.

All prospective applicants are strongly encouraged to attend. Materials from the informational meeting, including slides and questions and answers, will be posted at Rural Health Transformation Program Funding - MN Dept. of Health within seven business days following the meeting.

RFP Part 2: Program Details

2.1 Priorities

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy 08-02 on Rating Criteria for Competitive Grant Review (PDF) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will support necessary infrastructure to establish and sustain the Telebupe Access Line during the grant period. Applicants should incorporate health equity principles throughout their work. All activities must be HIPAA compliant, offered via audio (video and texting optional), and center the needs of rural residents. This grant will serve people statewide, with intentional and primary prioritization of rural communities where access to same-day, low-barrier opioid use disorder treatment is currently limited or unavailable.

The outcome of this grant is the creation of a sustainable, statewide Telebupe Access Line that will:

- Provide rapid clinical assessment and MOUD prescriptions
- Function as a clinical access point to stabilize patients and support initiation of MOUD, while actively linking individuals to ongoing, community-based MOUD providers across Minnesota, when appropriate and available
- Provide continued prescribing when local treatment options are unavailable, inaccessible, or not suitable to meet the patient’s needs
- Ensure timely initiation of MOUD while establishing pathways for continuity of care with local providers
- Improve engagement and retention in care through warm handoffs
- Reduce avoidable emergency department utilization by creating a reliable statewide access point.

2.2 Eligible Projects

Required Activities:

The selected Telebupe Access Line grantee must complete the following activities:

MN Telebupe Access Line Program and Infrastructure Development

The grantee must develop and operate a statewide Telebupe Access Line and all supporting infrastructure. This includes:

- Development and operation of a statewide Telebupe Access Line staffed by trained, non-clinical intake coordinators who answer incoming calls and, when appropriate,

conduct warm transfers to billable telehealth clinicians, or facilitate connection to in-person care providers in the caller's community, as mutually determined based on patient needs, preferences, and availability of services.

- Capacity to receive calls statewide and support text-based communication when appropriate.
- Configuration, implementation, and maintenance of a HIPAA-compliant technology platform to support intake, call routing, telehealth visits (audio-only required; video optional), documentation, and referral routing.
- The grantee must meet MHCP standards for culturally and linguistically appropriate services, including providing qualified interpreter services and ensuring access for individuals with hearing or speech disabilities (e.g., TTY/relay services) in accordance with MHCP requirements.
- Recruitment, contracting, credentialing, and onboarding of Minnesota-licensed tele-MOUD providers willing and able to bill MHCP and other third-party payers.
- Development of clinical workflows aligned with low-barrier MOUD delivery principals. Examples include Low-Barrier Buprenorphine – Learn About Treatment and The Role of Low-Threshold Treatment for Patients with OUD in Primary Care | The Academy.
- Development and regular updating of MOUD initiation protocols to ensure alignment with emerging evidence, innovations in care, and changes in the drug supply.
- Establishment of secure data systems to support documentation, coordination, quality assurance, and required reporting.
- Integration of an intake and routing system to support real-time referral and care linkage.
- The grantee must take calls from all Minnesotans, regardless of insurance status or ability to pay. This includes establishing protocols to serve uninsured and underinsured individuals and ensuring that lack of coverage does not create a barrier to **initial** assessment, prescription, or linkage to care. All billable services must be billed to available payers when applicable.

At-Home Buprenorphine Induction Support Infrastructure

The grantee must develop infrastructure to clinically support safe, patient-centered at-home buprenorphine induction, including:

- Creation of patient education materials to support safe at-home induction, including audio-only formats, low-literacy materials, and materials available in multiple languages.
- Development of clinician call scripts, decision-support tools, and clinical escalation pathways to support safe remote induction.
- Clear protocols for identifying when in-person evaluation or higher levels of care are indicated.

Linkage to Care Coordination and Navigation Infrastructure

The grantee must design and implement statewide care coordination and navigation to ensure continuity of care, including:

- Development and implementation of non-clinical care coordination workflows.
- Establishment of warm handoff protocols to transition patients from the Access Line to ongoing community-based MOUD providers across Minnesota, with a focus on rural and Tribal providers.
- Provision of comprehensive, patient-centered navigation support to facilitate successful linkage to ongoing care. This includes maintaining knowledge of resources; actively assisting individuals with outreach and appointment coordination; conducting warm handoffs to receiving providers; and problem-solving when local resources are limited or unavailable. The grantee must prioritize patient preferences and needs, and support connection to a full continuum of care, including cross-community supports such as peer recovery services, social services, and treatment, as appropriate.
- Infrastructure to support real-time, non-clinical check-ins, reminders, and follow-up communication.
- Follow-up appointment scheduling support and referral confirmation systems.
- Provision of MHCP enrollment navigation and referral support (limited to assistance and referral, not eligibility determinations).
- Recruitment, hiring, onboarding, and training of linkage-to-care coordinators and navigators.

Eligible Expenses

Eligible expenses include costs associated with planning, development, and implementation of a telebupe access line that functions a minimum of 60 hours per week; at-home buprenorphine induction support infrastructure; and linkage to care coordination and navigation infrastructure. This may include costs such as:

- Personnel and fringe necessary to support planning, implementation, and operations. Non-billable provider time is eligible (examples include on-call coverage and infrastructure development activities).
- Supplies.
- Administrative costs, both direct and indirect, not to exceed 6% of your total budget (see the Administrative Costs section in RFP Part 4: Application Guidance for examples of administrative costs).

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Payment for direct clinical services, including telehealth visits and ongoing longitudinal treatment
- Professional fees or commissions for for-profit entities
- Payment for prescribing or dispensing medications
- Payment for medications
- Rural Health Transformation Program ineligible expenses outlined in Attachment B

- Duplicating or supplanting existing or previously planned funding sources for current services
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

2.3 Estimated Timeline

Budget Period 1: Grant agreement execution – October 30, 2026 (grantees will be able to spend budget period 1 funds through September 30, 2027; work plans and budgets may reflect that time period)**:**

- Execute contracts and finalize vendor agreements with any partner organizations
- Recruit and onboard key start-up personnel
- Develop detailed implementation work plan and staffing model
- Configure and implement HIPAA-compliant telehealth and call-routing platform
- Establish intake workflows and non-clinical intake coordinator protocols
- Begin recruitment, contracting, and credentialing of Minnesota-licensed tele-MOUD providers
- Develop clinical protocols aligned with nationally recognized evidence-based, low-barrier MOUD delivery principles
- Design warm handoff workflows and referral tracking infrastructure
- Begin development of care coordination model and staffing plan
- Develop evaluation and reporting framework
- Participate in statewide marketing efforts coordinated through the RHTP

Budget Period 2: October 31, 2026 – October 30, 2027:

- Hire, train, and onboard intake coordinators and linkage-to-care navigators
- Complete provider credentialing and onboarding
- Launch statewide Telebupe Access Line (phased launch acceptable)
- Implement audio-only telehealth capability (video optional)
- Deploy documentation, billing, and reporting systems
- Implement at-home buprenorphine induction support infrastructure, including:
    - Patient education materials (low-literacy, multilingual, audio-only formats)
    - Clinician call scripts and decision-support tools
    - Escalation and in-person referral protocols
    - Operationalize care coordination and warm handoff workflows
    - Begin real-time referral tracking and follow-up appointment confirmation
- Establish relationships with community-based MOUD providers statewide, prioritizing rural and Tribal communities
- Begin billing MHCP and third-party payers for clinical services
- Participate in statewide marketing efforts coordinated through the RHTP

Budget Period 3: October 31, 2027 – October 30, 2028:

- Telebupe Access Line is fully operational at required weekly hours
- Statewide intake, telehealth, and care coordination systems are fully operationalized
- Optimize warm handoff protocols to improve successful linkage rates
- Implement quality assurance and performance improvement processes
- Refine at-home induction protocols based on utilization data and clinical feedback
- Strengthen data reporting and outcome monitoring
- Participate in statewide marketing efforts coordinated through the RHTP

Budget Period 4: October 31, 2028 – October 30, 2029:

- Maintain full operations of Access Line and care coordination infrastructure
- Demonstrate measurable outcomes (timely initiation, linkage to care, retention indicators)
- Conduct financial modeling and payer mix analysis
- Participate in statewide marketing efforts coordinated through the RHTP

Budget Period 5: October 31, 2029 – October 30, 2030:

- Access Line fully operational and financially stabilized
- Care coordination and warm handoff infrastructure fully integrated into routine operations
- Demonstrate consistent statewide referral and linkage outcomes
- Implement sustainability plan, including revenue optimization and operational efficiencies
- Transition from grant-dependent infrastructure to a self-sustaining, ongoing local funding and billable service model

2.4 Grant Management Responsibilities

Grant Agreement

Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. The grantee is expected to read the grant agreement, sign, and comply with all conditions of the grant agreement. Grantee should provide a copy of the grant agreement to all grantee staff working on the grant.

No work on grant activities can begin until a fully executed grant agreement is in place.

A sample grant agreement can be found on MDH Grant Resources. Applicants should be aware of the terms and conditions of the standard grant agreement in preparing their applications. Much of the language reflected in the sample agreement is required by statute. If an applicant takes exception to any of the terms, conditions or language in the sample grant agreement, the applicant must indicate those exceptions, in writing, in their application in response to this RFP. Certain exceptions may result in an application being disqualified from further review and

evaluation. Only those exceptions indicated in an application will be available for discussion or negotiation.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker's compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Accountability and Reporting Requirements

It is the policy of the State of Minnesota to monitor progress on state grants by requiring grantees to submit written progress reports at least annually until all grant funds have been expended and all of the terms in the grant agreement have been met.

RHTP progress reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

Grant Monitoring

Minn. Stat. § 16B.97 and Policy 08-10 on Grant Monitoring (PDF) require the following:

- One monitoring visit during the grant period on all state grants over $50,000
- Annual monitoring visits during the grant period on all grants over $250,000
- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000

Technical Assistance

MDH staff will be available to provide technical assistance as needed to all grant recipients. This includes topics such as progress reporting, reimbursement processing, community engagement, and addressing project implementation challenges. Please direct all questions related to this grant to your grant manager, once assigned, or the Rural Health Transformation Grants Team at Grants.ruraltransformation.mdh@state.mn.us.

Grant Payments

Per State Policy 08-08 on Grant Payments (PDF), reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment. Grant payments shall not be made on grants with past due progress reports unless MDH has given the grantee a written extension.

A reimbursement request (invoice) form will be provided to grantees prior to first reporting period. Grantees will submit supporting documentation with each financial report; supporting documentation must provide proof of expenses incurred and paid. MDH will provide guidance and training to grantees on financial reporting.

RHTP financial reports will be submitted bimonthly:

- August 20
- October 20
- December 20
- February 20
- April 20
- June 20

2.5 Grant Provisions

Affirmative Action and Non-Discrimination Requirements for all Grantees

The grantee agrees to comply with applicable state and federal laws prohibiting discrimination.

Minnesota's nondiscrimination law is the Minnesota Human Rights Act (MHRA), Minn. Stat. § 363A. See, for example, Minn. Stat. § 363A.02. The MHRA is enforced by the Minnesota Department of Human Rights. Some, but not all, MHRA requirements are reflected below. All grantees are responsible for knowing and complying with nondiscrimination and other applicable laws.

The grantee agrees not to discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, or age in regard to any position for which the employee or applicant for employment is qualified.

The grantee agrees not to discriminate in public accommodations because of race, color, creed, religion, national origin, sex, gender identity, sexual orientation, and disability.

The grantee agrees not to discriminate in public services because of race, color, creed, religion, national origin, sex, gender identity, marital status, disability, sexual orientation, and status with regard to public assistance.

The grantee agrees to take affirmative steps to employ, advance in employment, upgrade, train, and recruit minority persons, women, and persons with disabilities.

The grantee must not discriminate against any employee or applicant for employment because of physical or mental disability in regard to any position for which the employee or applicant for employment is qualified. The grantee agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified disabled persons without discrimination based upon their physical or mental disability in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination,

rates of pay or other forms of compensation, and selection for training, including apprenticeship. Minn. Rules, part 5000.3550.

Audits

Per Minn. Stat. § 16B.98, subd. 8, the grantee's books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

Conflicts of Interest

MDH will take steps to prevent individual and organizational conflicts of interest, both in reference to applicants and reviewers per Minn. Stat.§ 16B.98 and the Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making." (PDF).

Applicants must complete Applicant Conflict of Interest Disclosure form (PDF) and submit it as part of the completed application. Failure to complete and submit this form will result in disqualification from the review process.

Organizational conflicts of interest occur when:

- a grantee or applicant is unable or potentially unable to render impartial assistance or advice
- a grantee's or applicant's objectivity in performing the grant work is or might be otherwise impaired
- a grantee or applicant has an unfair competitive advantage

Individual conflicts of interest occur when:

- an applicant, or any of its employees, uses their position to obtain special advantage, benefit, or access to MDH's time, services, facilities, equipment, supplies, prestige, or influence.
- An applicant, or any of its employees, receives or accepts money, or anything else of value, from another state grantee or grant applicant with respect to the specific project covered by this RFP/project.
- An applicant, or any of its employees, has equity or a financial interest in, or partial or whole ownership of, a competing grant applicant organization.
- An applicant, or any of its employees, is an employee of MDH or is a relative of an employee of MDH.

In cases where a conflict of interest is perceived, disclosed, or discovered, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement.

Non-Transferability

Grant funds are not transferable to any other entity. Applicants that are aware of any upcoming mergers, acquisitions, or any other changes in their organization or legal standing, must disclose this information to MDH in their application, or as soon as they are aware of it.

Public Data and Trade Secret Materials

All applications submitted in response to this RFP will become property of the State. In accordance with Minn. Stat. § 13.599, all applications and their contents are private or nonpublic until the applications are opened.

Once the applications are opened, the name and address of each applicant and the amount requested are public. All other data in an application is private or nonpublic data until completion of the evaluation process, which is defined by statute as when MDH has completed negotiating the grant agreement with the selected applicant.

After MDH has completed the evaluation process, all remaining data in the applications is public with the exception of trade secret data as defined and classified in Minn. Stat. § 13.37, subd. 1(b). A statement by an applicant that the application is copyrighted or otherwise protected does not prevent public access to the application or its contents. (Minn. Stat. § 13.599, subd. 3(a)).

If an applicant submits any information in an application that it believes to be trade secret information, as defined by Minn. Stat. § 13.37, the applicant must:

- Clearly mark all trade secret materials in its application at the time it is submitted,
- Include a statement attached to its application justifying the trade secret designation for each item, and
- Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless MDH and the State of Minnesota, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense.
- This indemnification survives MDH's award of a grant agreement. In submitting an application in response to this RFP, the applicant agrees that this indemnification survives as long as the trade secret materials are in possession of MDH. The State will not consider the prices submitted by the responder to be proprietary or trade secret materials.

MDH reserves the right to reject a claim that any particular information in an application is trade secret information if it determines the applicant has not met the burden of establishing that the information constitutes a trade secret. MDH will not consider the budgets submitted by applicants to be proprietary or trade secret materials. Use of generic trade secret language encompassing substantial portions of the application or simple assertions of trade secret without substantial explanation of the basis for that designation will be insufficient to warrant a trade secret designation.

If a grant is awarded to an applicant, MDH may use or disclose the trade secret data to the extent provided by law. Any decision by the State to disclose information determined to be

trade secret information will be made consistent with the Minnesota Government Data Practices Act, Ch. 13 MN Statutes and other relevant laws and regulations.

If certain information is found to constitute trade secret information, the remainder of the application will become public; in the event a data request is received for application information, only the trade secret data will be removed and remain nonpublic.

2.6 Review and Selection Process

Review Process

Funding will be allocated through a competitive process with review by a committee representing content specialists with knowledge of rural issues and rural healthcare. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.
- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.
- MDH reserves the right to waive minor irregularities or request additional information to further clarify or validate information submitted in the application, provided the application, as submitted, substantially complies with the requirements of this RFP. There is, however, no guarantee MDH will look for information or clarification outside of the submitted written application. Therefore, it is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

The review committee will review each application on a 100-point scale. A standardized scoring system will be used to determine the extent to which the applicant meets the selection criteria.

Attachment A outlines the evaluation criteria in detail.

- Understanding of Rural Needs and Context (20 points)
- Methods (25 points)
- Organizational Experience, Qualifications, and Inclusive Approach (20 points)
- Work Plan and Timeline (20 points)
- Budget and Budget Narrative (15 points)

Grantee Past Performance and Due Diligence Review Process

- It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

- State policy requires states to conduct a pre-award risk assessment prior to a grant award. Additional information may be required for proposed budgets of $50,000 and higher to a potential applicant in order to comply with Policy 08-06 on Preaward Risk Assessment (PDF).

Notification

MDH anticipates notifying all applicants via email of funding decisions via by August 2026.

RFP Part 3: Application and Submission Instructions

3.1 Application Deadline

All applications must be received by MDH no later than 4:30 p.m. Central Time on June 29, 2026.

Late applications will not be accepted. The ORHPC Online Grants Portal will send an automated email to the user who submitted the application to confirm the submission of your application. Additionally, the application status will change from "Draft" to "Submitted" on the Applicant Dashboard and record the date the application was submitted. If the application is still in draft status by the application deadline, you will no longer be able to edit or submit the application. If you do not receive an automated email confirming submission or encounter any other issues with the online application submission, please contact us promptly at Grants.ruraltransformation.mdh@state.mn.us.

If you encounter any issues with the online application submission, please contact us promptly at Grants.ruraltransformation.mdh@state.mn.us. We encourage you to submit in advance of the deadline to allow time to address any technical issues.

3.2 Application Submission Instructions

ORHPC requires application submissions to be made through an online ORHPC Online Grants Portal. Please reference the ORHPC Grant Guide (PDF) for information on account creation, password recovery, application creation, and collaboration.

Read RFP Part 4: Application Guidance within this RFP document for instructions on how to address the application questions in the ORHPC Online Grants Portal.

If you have any questions, please contact us at: Grants.ruraltransformation.mdh@state.mn.us.

3.3 Application Instructions

You must complete all required fields in the online application form in order for your application to be considered complete.

Incomplete applications will be rejected and not evaluated.

Applications must include all required application materials, including attachments. Do not provide any materials that are not requested in this RFP, as such materials will not be considered nor evaluated. **MDH reserves the right to reject any application that does not meet these requirements.**

By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as

well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

All costs incurred in responding to this RFP will be borne by the applicant.

RFP Part 4: Application Guidance

Section 1. Organization and Applicant Information

Basic information about the applicant entity is requested, including legal and business name, address, and tax identification information for contracting purposes. This project is funded with federal dollars. Applicants must provide their Unique Entity Identifier (UEI) Name and Number.

Section 2. Project Information

Contact Overview

This section requests contact information for the organization, including the Authorized Organization Representative (AOR). This person is often the CEO of the organization and must have the authority to enter a contract with the State. An additional program contact is also advised.

Section 3. Project Details

Organization Overview

Provide an overview of your organization, including history, mission, geographic footprint, and administrative structure. Applicants should describe experience operating telehealth services and delivering substance use disorder treatment, particularly MOUD.

Organizational Capacity

Describe your organization's and any partner organization's demonstrated experience and capacity to implement and sustain the Telebupe Access Line. Applicants must describe experience in:

- Delivering telehealth-based clinical services
- Prescribing medications for opioid use disorder (MOUD)
- Implementing low-barrier treatment models
- Initiating and managing MOUD prescribing through telehealth, including supporting patient stabilization, facilitating transitions to community-based care when appropriate and available, and providing continued treatment when local options are unavailable, inaccessible, or not suitable to meet patient needs
- Coordinating referrals and care transitions across health systems
- Billing MHCP and other payers for telehealth services

Collaborating Partners

Describe any formal or planned partnerships that will support implementation of the Telebupe Access Line. This includes identifying key partner organizations and clearly defining the role each partner will play in the project.

For each partner, applicants must describe:

- The nature of the partnership (formal contract, MOU, etc.; required upon execution)
- The specific responsibilities of the partner

Include a letter of intent for each formal partnership proposed.

Project Summary

Provide a concise overview of the proposed Telebupe Access Line model. The summary must describe the applicant's plan to design, operationalize, and sustain a statewide tele-buprenorphine access line operating a minimum of 60 hours per week.

Applicants must describe how grant funds will be used to:

- Develop the clinical, operational, and technical infrastructure necessary to launch the Telebupe Access Line
- Implement rapid assessment and initiation of medications for opioid use disorder (MOUD), including prescribing support to stabilize patients, facilitate connection to ongoing community-based care when appropriate and available, and provide continued treatment when local options are unavailable, inaccessible, or not suitable to meet the patient's needs
- Establish referral pathways and warm handoff protocols to transition patients into ongoing, community-based care across Minnesota, with a focus on rural and Tribal MOUD care organizations
- Build billing, compliance, and sustainability systems to ensure the model becomes self-sustaining through billable clinical encounters by the end of the five-year grant period

The summary should clearly articulate the Access Line's role as a centralized statewide access point for rapid assessment and initiation of MOUD. It should describe how the Access Line strengthens Minnesota's MOUD provider network by facilitating connections to community-based care when appropriate and available, while also ensuring continued access to treatment when local options are unavailable, inaccessible, or not suitable to meet patient needs, with **intentional prioritization of rural communities**.

Problem Statement

Describe the unmet need for rapid, same-day access to MOUD in Minnesota, with specific attention to rural communities.

Project Methods

Applicants must provide detailed operational plans describing how grant funds will be used to plan, implement, and sustain the Telebupe Access Line. At minimum, applicants must address:

Infrastructure Development

- Clinical protocol development aligned with nationally recognized MOUD guidelines and low-barrier care principles. Explain how initiation protocols will be developed and updated to ensure alignment with emerging evidence, innovations in care, and changes in the drug supply
- Staffing model, including prescribers and care coordination personnel
- If partnerships are involved, clearly explain partnership roles and how partnerships will be operationalized, including communication workflows, data-sharing processes, and accountability mechanisms
- Telehealth platform selection, implementation of HIPAA compliant technology, and other technology infrastructure activities
- Billing systems capable of supporting MHCP, commercial insurance, and uninsured patients

Service Delivery Model

- Processes for rapid assessment and initiation of MOUD, including how calls are returned during non-business hours
- Parameters for prescribing to support treatment initiation, patient stabilization, and continuity of care, including linkage to community-based providers when appropriate and available, and continued prescribing when local treatment options are unavailable, inaccessible, or not suitable to meet patient needs
- Describe how the applicant will transition patients to ongoing, community-based resources, including use of warm handoffs, assisting with outreach and appointment coordination, and maintaining knowledge of available services. Referral tracking and follow-up procedures

Provider Network and Partnerships

- Strategies to establish and maintain referral relationships with community-based MOUD providers across Minnesota, with demonstrated plans for strong referral networks in rural regions
- Plans to prioritize linkage to local providers regardless of health system affiliation
- Collaboration with local resources

Sustainability Plan

- Revenue model demonstrating how clinical services will become self-sustaining through billable encounters
- Timeline for transitioning from grant-supported infrastructure development to operational sustainability

Evaluation

Applicants should provide details on how the project will achieve the expected progress reporting and outcomes, including:

- Number of patients prescribed MOUD in rural counties through the tele-buprenorphine hotline during the last reporting period
- Number of patients prescribed MOUD through the tele-buprenorphine hotline statewide during the last reporting period
- The rural zip codes for the patient served by the tele-buprenorphine hotline in the last reporting period
- Time it takes between a patient talking to the intake coordinator and being connected to a prescriber during the last reporting period
- Where feasible:
  - The number of patients who remain engaged in MOUD treatment following initiation, including those continuing with the initial tele-buprenorphine prescriber and patients engaged with follow-up treatment outside of the tele-buprenorphine prescriber disaggregated by geographical location.
  - The total number of patients living in rural Minnesota served by the tele-buprenorphine hotline, disaggregated by geographical location.
- Applicants may provide additional measurable outcomes that should be included in their proposal.

Key Personnel Biographical Sketch(es)

Provide the following information for key personnel who will be involved in the project: name, title, role in proposed project, relevant education, and professional experience relevant to the proposed project. It is important that all staff that will be funded through this grant are included and the FTEs correspond to the budget narrative. If the position is currently vacant, please provide a brief description of the position that will be involved and any information on the vacancy.

Administrative Costs

Describe your anticipated administrative costs associated with implementing RHTP, including both **direct and indirect** expenses. Please note that your administrative costs **may not exceed 6% of your total budget** in budget period 1. Administrative cost limits are subject to change to ensure that the entire program stays under the CMS cap on administrative costs.

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.

In your work plan and budget, please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

Section 4: Timeline and Work Plan

Provide a timeline for the top project activities/tasks. The timeline should identify the staff position or role involved in each task and the estimated start and completion date for each task. All requests must have outline all required activities listed in section 2.2 Required Activities. Your work plan should include evaluation and reporting activities.

Section 5: Budget and Budget Narrative

Provide a detailed justification for each of the expenses to successfully meet the goals of the proposed RHTP activity.

See the list of ineligible expenses in Attachment B.

Please provide sufficient detail to justify to MDH and CMS why costs that you have not categorized as administrative are directly related to implementing/delivering activities and thus are programmatic rather than administrative costs.

When submitting your application and each financial report throughout the grant period, your organization will certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources.
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

Identify any other funding sources being used for activities related to the RHTP activities you have proposed. For example, if you are proposing an expansion of an existing program, indicate the funding source for the current program. In all cases, make clear in your application which costs do not have another existing or planned funding source and thus may be covered by RHTP funds.

Budget Line Items

- Salaries: This category includes the salary costs of personnel who work directly on the implementation/delivery of RHTP activities. Personnel must be employees who are paid a salary or wage directly from the applicant organization. Salaries can be calculated and described in the Budget Narrative as an hourly wage with total hours estimated to be spent on the project, or an annual salary with the estimated percentage of the total FTE.
    - Note that staff time for RHTP administrative tasks, such as reporting to MDH, should be included in the Administrative Costs category.
    - The CMS annual salary cap for this funding is $225,700 for executive-level staff (those with a PhD, MD, or similar degree) and $197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change.
    - All salaries and hourly rates must be reasonable and justifiable.
- Fringe: This category includes the share of payroll tax, health insurance costs, Medicare/Medicaid, etc. for employees billed to this grant under the Salaries category. If the applicant has expenses in this category, they should explain how they were calculated in the Budget Narrative. Fringe is often calculated as a percentage of salary. Example: $50,000 x 25% fringe = $12,500.
- Equipment: This category includes equipment purchased for implementation/delivery of RHTP activities. Equipment has a unit cost of $10,000 or more. Items below $10,000 are considered supplies.
- Supplies: This category includes supplies purchased for implementation/delivery of RHTP activities.
- Travel: This category includes travel expenses necessary to implement/deliver RHTP activities.
- Contracted Services: This category includes expenses for individuals or organizations the applicant contracts with to implement/deliver RHTP activities. Note that the annual salary cap (see the Salaries line, above) applies to contractors as well.
- Other expenses: If costs do not fit into another category and must be placed in this general category, please include a detailed description of the expenses as they relate to the direct operation of the program.

Administrative Costs: This category includes all anticipated administrative costs – both direct and indirect expenses – associated with implementing RHTP. Please note that your administrative costs may not exceed 6% of your total budget. The costs listed here should match your response to the Administrative Costs question in an earlier section of your application.

Section 6: Required Application Attachments

Audited Financial Statements

Please upload a copy of the most recent independent audit into the online application. If the audit encompasses multiple entities within a system or umbrella organization, please provide additional financial information, such as an income statement, specific to the applicant entity.

Due Diligence

Please complete the Due Diligence Form (PDF) and attach to the online application form. Community Health Boards and Tribal Nations do not need to submit this form as part of their application.

Minnesota Health Care Programs Enrollment/Plan for Enrollment

Provide documentation that the applicant is currently enrolled as a Minnesota Health Care Programs (MHCP) provider or provide a plan and timeline to achieve MHCP provider enrollment.

Collaborating Partners Letter(s) of Intent

Provide a letter of intent for each formal partnership proposed.

Section 7: Conflict of Interest

Applicants will complete the Applicant Conflict of Interest Disclosure form (PDF) in the online application.

Certification

Applicants will certify the following:

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the organization.

By submitting this application, I certify that:

- RHTP funds will not be used for any activities that are currently funded, or planned to be funded, by other sources, and
- RHTP funds will not be used to provide the same services to the same beneficiaries as other funding sources or programs.

RFP Part 5: Attachments

- Attachment A: Application Evaluation Criteria
- Attachment B: Rural Health Transformation Program Ineligible Expenses

Attachment A: Application Evaluation Criteria

A numerical scoring system will be used to evaluate eligible applications. Scores will be used to develop final recommendations.

Applicants are encouraged to score their own application using the evaluation score sheet before submitting their application. This step is not required, but may help ensure applications address the criteria evaluators will use to score applications.

The following scoring system will be applied:

Rating (0-10)	Rating (0-5)	Description
9-10	5	**Excellent**: Outstanding level of quality; significantly exceeds all aspects of the minimum requirements; high probability of success; no significant weaknesses.
7-9	4	**Very Good**: Substantial response; meets in all aspects and in some cases exceeds the minimum requirements; good probability of success; no significant weaknesses.
5-6	3	**Good**: Generally meets minimum requirements; probability of success; significant weaknesses, but correctable.
3-4	2	**Marginal**: Lack of essential information; low probability for success; significant weaknesses, but correctable.
1-2	1	**Unsatisfactory**: Fails to meet minimum requirements; little likelihood of success; needs major revision to make it acceptable.
0	0	**Blank or did not answer**: Applicant did not answer the question or offered no response.

Understanding of Rural Needs and Context (20 points available)

- The applicant demonstrates a strong and specific understanding of rural healthcare access barriers in Minnesota, including workforce shortages, geographic isolation, limited same-day access, and gaps in after-hours care. (5 points available)
- The applicant demonstrates understanding of people experiencing opioid use disorder, treatment, and need for rapid, low-barrier, culturally responsive care. (10 points available)
- The applicant demonstrates understanding of statewide variation and regional context. (5 points available)

Methods (25 points available)

- The applicant clearly describes the low-barrier service delivery model, including rapid initiation and prescribing of medications for opioid use disorder (MOUD), patient stabilization, and structured warm handoffs to ongoing local MOUD care (including rural and Tribal) when appropriate and available. The grantee has described how they will develop and update MOUD initiation protocols to ensure alignment with emerging evidence, innovations in care, and changes in the drug supply. (15 points available)
- The applicant clearly describes how grant funding will be used to develop infrastructure and implement the Telebupe Access Line. This includes staffing, platform, billing systems (including for uninsured patients), care coordination capacity, and partnership development (5 points available)
- The applicant provides a reasonable, measurable, and actionable plan to evaluate the impact of grant funds. (5 points available)

Organizational Experience, Qualifications, and Inclusive Approach (20 points available)

- The applicant demonstrates a staffing plan that is consistent with successful statewide implementation. This includes clearly defined roles, FTE alignment with the budget, and appropriate clinical and care coordination capacity. (5 points available)
- The applicant demonstrates experience in telehealth and MOUD treatment. This includes experience with low barrier models, initiating and managing MOUD prescribing, supporting patient stabilization, facilitating linkage to ongoing care, and billing for MOUD and/or telehealth. (5 points available)
- The applicant demonstrates capacity to develop, manage, and sustain partnerships necessary for the project. (5 points available)
- The applicant demonstrates meaningful engagement with priority populations and commitment to reducing geographic and treatment access disparities. (5 points available)

Work Plan and Timeline (20 points available)

- The applicant proposes a work plan that addresses all core components of the Telebupe Access Line model. This includes infrastructure development, clinical protocol development, at-home patient induction support, partnership development, warm handoff workflows, referral tracking, and sustainability planning. The work plan is explicitly designed to address rural access barriers and demonstrates clear strategies for reaching and serving rural populations. (5 points available)
- The applicant proposes a work plan that is feasible and operationally realistic. This includes a clear sequencing of the development and implementation activities, achievable milestones, and alignment with available staffing and budget. (5 points available)

- The applicant provides a thorough description of key activities necessary to establish and operationalize the Telebupe Access Line, including rapid assessment and initiation of medications for opioid use disorder (MOUD), patient stabilization, and processes for facilitating connection to ongoing community-based care when appropriate and available. (5 points available)
- The applicant demonstrates a timely launch and transition toward financial sustainability during the grant period. This includes a progression towards a self-sustaining funding model, including support by billable clinical encounters. (5 available)

Budget and Budget Narrative (15 points available)

- The applicant proposes a reasonable and appropriate budget for the development and implementation of the Telebupe Access Line. The budget reflects necessary costs for staffing, telehealth infrastructure, billing systems, partnership development, and referral oversight. Costs are proportional to the scope of statewide implementation and rural prioritization. (5 points available)
- The applicant provides a clear and detailed budget narrative aligned with the proposed activities. The narrative explains how funds will support infrastructure development, MOUD assessment and prescribing services, at-home supported inductions, coordination for warm handoffs to community-based providers when appropriate and available, continuity of care when local treatment options are unavailable, and referral tracking. (5 points available)
- The applicant provides a comprehensive budget narrative that justifies all costs and demonstrates financial sustainability planning. The narrative clearly describes each line item, aligns with FTE roles described in the application, and demonstrates movement toward sustainability through billable clinical encounters. (5 points available)

Attachment B: Rural Health Transformation Program Ineligible Expenses

Ineligible expenses for all RHTP activities include but are not limited to:

- Supplanting existing state, local, Tribal, or private funding of infrastructure or services, such as staff salaries.
- Using RHTP funds for any project or initiative that is currently funded (or planned to be funded) by other sources. Using RHTP funds to pay for the same activities or provide the same services to the same beneficiaries as other funding sources or programs.
    - All grant-funded activities must be either entirely new or expansions of existing activities. When expanding a program or initiative, grantees may only apply RHTP funds to costs associated with the new population and/or new activities. The costs of the original program must continue to be funded by their current funding sources.
    - For example, if adding a new remote monitoring service to an existing tele-diabetes education program, eligible expenses might include purchasing new continuous glucose monitoring devices and supplies for the new remote monitoring service, and procuring upgraded software that enables secure continuous glucose monitoring data integration, if the cost difference is directly attributable to the upgraded and necessary functionality. Ineligible expenses would include, for example, paying the salaries of existing educators already providing tele-diabetes education, covering the cost of existing software, and replacing office equipment used by the existing staff.
    - Another example is expanding an existing chronic disease management program to three additional rural counties. Eligible expenses might include hiring and training new community health workers to serve residents of the three additional counties and purchasing new supplies and educational materials for the additional counties. If existing staff work in the newly added counties as well as previously served counties, only their work in the newly added counties would be eligible for RHTP reimbursement. Ineligible expenses would include, for example, any expense currently or previously covered by any other funding source in the counties previously served.
- Costs incurred prior to the execution of your grant agreement.
- Administrative costs, including direct and indirect costs, exceeding the 6% limit for Budget Period 1. Note that this limit is subject to change.
- Payment for direct healthcare services is unallowable.
    - This includes, but is not limited to, replacing payment for clinical services that could be reimbursed by insurance or another form of health coverage. This also includes payments for clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
- Clinician salaries or wage supports may be allowable expenses only if directly related to RHTP. RHTP funds may not pay clinicians, clinicians in training, or other employees for work they are already doing. As with all salaries, only the portion dedicated to RHTP

work may be paid with RHTP funds. These conditions apply to the salaries of faculty and preceptors who are clinicians teaching in rural residencies, rural rotations, and other health professional training programs. These conditions also apply to stipends or salaries for residents, rotators, and other health professionals in training.

- Salary payments exceeding the annual salary cap. The annual salary cap for this funding is $225,700 for executive-level staff (those with a PhD, MD, or similar degree) and $197,500 for non-executive-level staff. The annual salary cap is the maximum amount that can be billed to RHTP annually for an individual's salary. The annual salary cap is subject to change. All salaries and hourly rates must be reasonable and justifiable.
- Paying for patient transportation is generally unallowable.
- Meals, unless in limited circumstances such as:
  - Subjects and patients under study
  - Where specifically approved as part of the project or program activity, such as in programs providing children's services
  - As part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Long-term housing for students/trainees. Housing may be provided for up to six months for rural clinical rotations or short-term training programs. This means that RHTP funds may only be used to support housing costs incurred during a rotation or training program of fewer than six months.
- Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost. Funds also may not be used to supplant funding for in-process or planned construction projects or directing funding towards new construction builds. Funds may not be used for demolition.
  - Funds may be used for minor renovations or alterations if they are clearly linked to program goals and receive MDH and CMS prior approval. For example, minor renovations to repurpose a hotel for short-term trainee housing or a commercial building for a healthcare training facility may be eligible.
  - Examples of minor renovations or alterations include, but are not limited to, installing or relocating interior walls and partitions; upgrading lighting to more energy-efficient systems; replacing vents and thermostats for better climate control; installing automatic door openers to enhance accessibility; and converting private offices to a more open office layout.
  - Minnesota's RHTP award has an overall cap on infrastructure and capital expenditures. Review of grantee requests for prior approval of minor renovations or alterations will take into account the cap on this type of spending.
- Meeting matching requirements for any other funding source.
- Services, equipment, or supports that are the legal responsibility of another party under federal, state, or Tribal law, such as vocational rehabilitation or education services.

- Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
- Broadband infrastructure.
- Ongoing operating expenses with no path to sustainability. RHTP funds are intended to support transformational investments.
- Goods or services not allocable to the project.
- Solicitating donations.
- Taxes, except sales tax on goods and services.
- Lobbyists, political contributions.
- Bad debts, late payment fees, finance charges, or contingency funds.
- The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477
- Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs
- There are strict limitations on funding the replacement of an Electronic Medical Record (EMR) system if a previous HITECH-certified EMR system is already in place as of September 1, 2025.
- Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including but not limited to:
    - Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any state government, state legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant recipient or agency acting for such recipient for such activity
    - Lobbying, but recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying
- None of the funding shall be used for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-federal share of expenditures required under any provision of law.
- SSA Section 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

Link References

- Rural Health Transformation Program Funding - MN Dept. of Health (https://www.health.state.mn.us/facilities/ruralhealth/ruraltrans/grants.html)
- June 4, 2026 at 11:00 a.m. (Teams) (https://teams.microsoft.com/meet/217226324233441?p=FoF0h13lKYH9VU9kyj)
- The Policy 08-02 on Rating Criteria for Competitive Grant Review (PDF) (https://mn.gov/admin/assets/08-02%20Grants%20Policy%20Revision%20September%202017%20final_tcm36-312046.pdf)
- Low-Barrier Buprenorphine – Learn About Treatment (https://www.learnabouttreatment.org/for-professionals/low-barrier-buprenorphine/#1765846853126-d0f4c45a-4e2e)
- The Role of Low-Threshold Treatment for Patients with OUD in Primary Care | The Academy (https://integrationacademy.ahrq.gov/products/topic-briefs/oud-low-threshold-treatment)
- MDH Grant Resources (https://www.health.mn.gov/about/grants/resources.html)
- Minn. Stat. § 16B.97 (https://www.revisor.mn.gov/statutes/?id=16B.97)
- Policy 08-10 on Grant Monitoring (PDF) (https://mn.gov/admin/assets/grants_policy_08-10_tcm36-207117.pdf)
- State Policy 08-08 on Grant Payments (PDF) (https://mn.gov/admin/assets/08-08%20Policy%20on%20Grant%20Payments%20FY21%20_tcm36-438962.pdf)
- Minnesota Human Rights Act (MHRA), Minn. Stat. § 363A (https://www.revisor.mn.gov/statutes/cite/363A)
- Minn. Stat. § 363A.02 (https://www.revisor.mn.gov/statutes/cite/363A.02)
- Minnesota Department of Human Rights (https://mn.gov/mdhr/)
- Minn. Rules, part 5000.3550 (https://www.revisor.mn.gov/rules/5000.3550/)
- Minn. Stat. § 16B.98, subd. 8 (https://www.revisor.mn.gov/statutes/?id=16B.98)
- Minn. Stat.§ 16B.98 (https://www.revisor.mn.gov/statutes/?id=16B.98)
- Office of Grants Management's Policy 08-01, "Conflict of Interest Policy for State Grant-Making." (PDF) (https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20Policy%20for%20State%20Grant-Making%20V_2_tcm36-744371.pdf)
- Applicant Conflict of Interest Disclosure form (PDF) (https://www.health.state.mn.us/about/grants/coiapplicant.pdf)
- Minn. Stat. § 13.599 (https://www.revisor.mn.gov/statutes/cite/13.599)

- Minn. Stat. § 13.37 (https://www.revisor.mn.gov/statutes/cite/13.37)
- Minnesota Government Data Practices Act, Ch. 13 MN Statutes (https://www.revisor.mn.gov/statutes/cite/13/full)
- Policy 08-06 on Preaward Risk Assessment (PDF) (https://mn.gov/admin/government/grants/policies-statutes-formshttps:/mn.gov/admin/assets/Policy%2008-06%20Pre-Award%20Risk%20Assessment%20Revision%20Version%202.1%20-%20Effective%20Date%20July%201%202025_tcm36-695460.pdf)
- Unique Entity Identifier (UEI) Name and Number (https://sam.gov/entity-registration)
- Due Diligence Form (PDF) (https://www.health.state.mn.us/about/grants/duediligence.pdf)
- Applicant Conflict of Interest Disclosure form (PDF) (https://www.health.state.mn.us/about/grants/coiapplicant.pdf)