



MINNESOTA
RURAL HEALTH TRANSFORMATION

RHTP Statewide Tele-buprenorphine Access Line

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Tribal-State Relations Acknowledgement Statement

The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.

Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.

In our Rural Health Transformation Program work, we demonstrate our commitment to Tribal-State relations by partnering with the MDH Office of American Indian Health and Tribal Relations to seek input from Tribal Nations as we develop and implement our program, including engaging Tribes on matters of data sovereignty and program evaluation.

Overall RHTP Grant Outcomes

- Improving health outcomes for rural Minnesotans with or at risk of developing cardiovascular disease, diabetes, and chronic kidney disease (cardiometabolic disease).
- Building education pathways and promoting training opportunities in rural communities to sustainably expand the health care workforce in rural Minnesota.
- Expanding health care access in rural communities by creating new access points for community-based screenings, preventive care, and chronic disease management through technology-enabled care delivery, mobile care, and increased use of community-based frontline workers.
- Strengthening partnerships between providers to enable delivery of expanded services in rural areas through shared learning, collaborative approaches, and advanced technology interventions.
- Strengthening and stabilizing rural provider financial health through strategic investments in technology, data infrastructure, and collaborative mechanisms needed to address unique needs of rural providers.

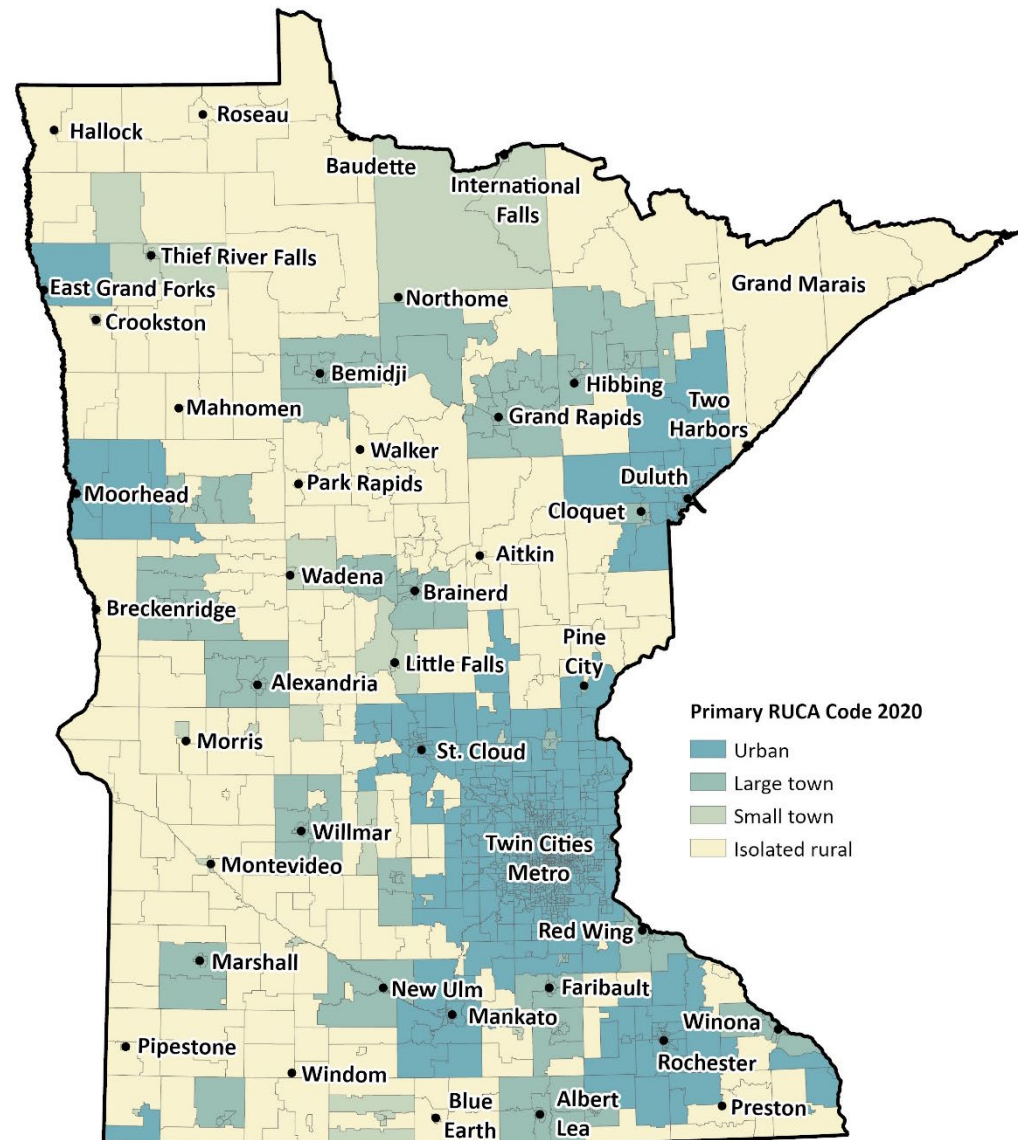
Program Description

- Supports the planning, development and implementation of infrastructure needed to operate a tele-buprenorphine (telebupe) access line
- Allows Minnesota to build a centralized and sustainable statewide access system to address persistent access gaps in rural communities
- Provides rapid access to clinical assessment and prescriptions for medications for opioid use disorder (MOUD) to individuals seeking treatment
- Operational for a minimum of 60 hours per week
 - Vendor should provide services by budget period 2
- Priority for active linking of patients to ongoing, community-based care for longitudinal treatment
- Flexible approach to ensure uninterrupted access to evidence-based treatment

Eligible Entities

- 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.
- For-profit or not-for-profit entities that demonstrate experience supporting MOUD needs in healthcare and telehealth
 - 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)

Rural-Urban Commuting Areas (RUCAs) - 2020 Census Tract



Sources: (1) USDA, Economic Research Service 2020 Rural-Urban Commuting Area Codes data product; (2) U.S. Department of Commerce, Bureau of the Census, 2025 TIGER/Line MN census tract file; (3) U.S. Department of Commerce, Bureau of the Census, 2022 TIGER/Line MN place; (4) MN Department of Transportation, 1947 Boundaries of Minnesota

Minnesota Office of Rural Health and Primary Care
May 6, 2026

Funds Available

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

No expenditures are to be incurred prior to the grant contract's full execution

Outcomes & Priorities

- This grant will support necessary infrastructure to establish and sustain the Telebupe Access Line
- 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.

Data Reporting:

Number of patients prescribed MOUD in rural counties through the hotline

Number of patients prescribed MOUD through the hotline statewide

The rural zip codes for the patient served by the hotline

Time it takes between a patient talking to the intake coordinator and being connected to a prescriber

The number of patients who remain engaged in MOUD treatment following initiation

Required Activities

- MN Telebupe Access Line Program and Infrastructure Development
- At-Home Buprenorphine Induction Support Infrastructure
- Linkage to Care Coordination and Navigation Infrastructure

- Eligible Expenses

- 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 (direct and indirect), not to exceed 6% of the total budget

- Ineligible Expenses

- 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
- Solicitating donations
- Taxes, except sales tax on goods and services
- Lobbyists, political contributions
- Bad debts, late payment fees, finance charges, or contingency funds

Budget Periods

- Budget Period 1: Grant Agreement Execution Date (estimated August 2026) – October 30, 2026
- Budget Period 2: October 31, 2026 – October 30, 2027
- Budget Period 3: October 31, 2027 – October 30, 2028
- Budget Period 4: October 31, 2028 – October 30, 2029
- Budget Period 5: October 31, 2029 – October 30, 2030
- Grant agreements are expected to run through Oct 30, 2030, if MN continues to receive RHTP funding. Each year MDH may amend the grant agreement to add funds based on that year's CMS award to MN

Spending RHTP Funds

- Funds should be fully spent in each budget period
- If a grantee demonstrates a compelling need, they may be allowed to continue spending for up to 11 months beyond the budget period (through Sep 30, the end of the following federal fiscal year)
- However, CMS will evaluate MN's spending and progress toward our goals and metrics at the end of each budget period
- Our results during the budget period will determine whether MN receives an RHTP award for the next budget period and the amount of that award

Grant Contractual Obligations

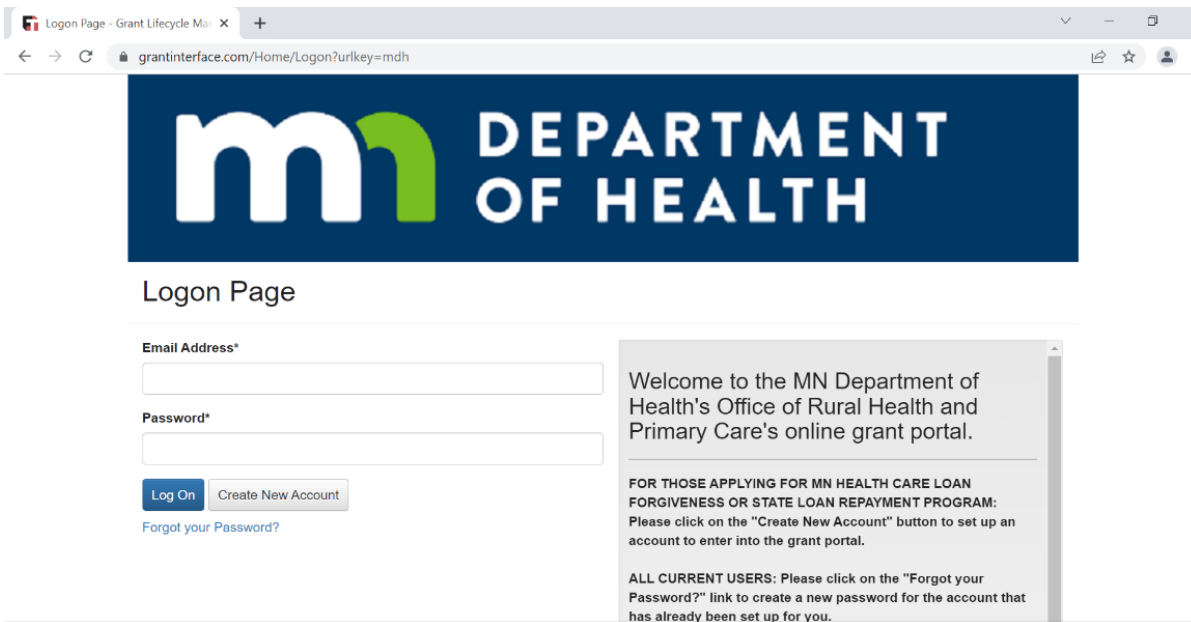
- Work may not start prior to the full execution of agreement and the first day of the contract period
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports will be submitted bimonthly: August 20, October 20, December 20, February 20, April 20, June 20
- MDH will provide further guidance on outcomes, metrics, and reporting and will invite collaboration from grantees. Evaluation metrics may evolve based on grantee contributions, program findings, and CMS requirements
- Grantees will have one grant monitoring visit and financial reconciliation per grant period

Review Process

- Initial eligibility is determined
- External evaluators review grants individually and score on the following criteria
 - 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 – 25 points
- Prior to contracting, due diligence and past performance review are conducted

Application Instructions & Important Dates

- Applications open: May 11, 2026
- Deadline for questions: June 15, 2026
- Applications deadline: June 29, 2026 at 4:30 p.m. Central Time
- Applications must be submitted through the [ORHPC Online Grants Portal](#)



- Existing Users: log in or use the forgot password button
- New Users: verify your organization has or doesn't have a profile & create profile(s)
- If you are unsure of organization's status, reach out to MDH

Application Sections

Fields with an asterisk (*) are required.

> Application Instructions

> Section 1: Organization and Applicant Information

> Section 2: Project Information

> Section 3: Project Details

> Section 4: Timeline and Work Plan

> Section 5: Budget and Budget Narrative

> Section 6: Attachments

> Section 7: Applicant Conflict of Interest

> Certification

- 8 sections to complete
- Refer to RFP for instructions on narrative questions
- Complete at your own pace
 - Save button vs Submit button

Application Overview

- Organization and Applicant Information
- Contact Overview
- Narrative
 - Organization Overview
 - Organizational Capacity
 - Collaborating Partners
 - Project Summary
 - Problem Statement
 - Project Methods
 - Key Personnel Biographical Sketch(es)

Application Overview Continued

- Timeline and Work Plan
 - Refer to Estimated Timeline
- Budget & Budget Narrative
 - Detailed justification including itemized budget line items
- Required Application Attachments
 - Audited Financial Statements
 - Due Diligence
 - Minnesota Health Care Programs Enrollment/Plan for Enrollment
 - Collaborating Partners Letter(s) of Intent
- Conflict of Interest
- Certification
 - 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

Registering for Grant Related Systems

- Office of Rural Health and Primary Care online grants portal
(<https://www.grantinterface.com/Home/Logon?urlkey=mdh>)
 - Creating accounts and other steps, including adding collaborators, are found online
 - ORHPC Grant Guide, August 2022 (PDF)
(<https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/2022grantguide.pdf>)
- SWIFT Vendor Resources
 - SWIFT Vendor Resources / Minnesota Management and Budget (MMB)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/>)
 - SWIFT Supplier Portal Homepage (<https://guest.supplier.systems.state.mn.us>)
 - Vendor Reference Guides / Minnesota Management and Budget (MMB)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/>)
- SAM.gov
 - Unique Entity ID Entity Registration | SAM.gov (<https://sam.gov/entity-registration>)

Questions

Thank You!

Office of Rural Health and Primary Care RHTP Team

grants.ruraltransformation.mdh@state.mn.us