



## **RHTP: Children and Adolescent Mental Health Initiatives RFP Questions and Answers**

JUNE 5, 2026

**Q1. Eligible applicants include: Established Child and Adolescent Mental Health Collaboratives (including Integrated Children’s Mental Health and Family Services Collaboratives). Does this include all three types of collaboratives: Children’s Mental Health Collaboratives, Family Services Collaboratives, Integrated Children’s Mental Health & Family Services Collaboratives?**

A1. Confirmed, eligible applicants include all three types of Collaboratives listed.

**Q2. The RUCA map shows that areas outside of the 7-county metro that are considered urban, are we still eligible to apply?**

A2. Yes, if you are located in an urban area outside of the 7-county metro area and serve people from large town, small town, or isolated rural areas per the RUCAs, you are still eligible to apply.

**Q3. Is a complete startup facility be an eligible project?**

A3. Eligible entities include:

- Established Child and Adolescent Mental Health Collaboratives (including Integrated Children’s Mental Health and Family Services Collaboratives)
- Counties or consortia of counties/county health boards
- Current consortia/regions serving Minnesota’s Adult Mental Health Initiatives are strongly encouraged to apply in the same configuration
- Tribal Nations

All applicants must also be located in Minnesota and must be located outside of the seven-county metro area. Eligible projects can include startup costs for a facility, but facilities themselves are not eligible to apply.

**Q4. Is it accurate to say that Rochester and parts of several counties around Rochester is considered urban, or is that a large town?**

A4. The Rochester area is considered urban per the Rural Urban Community Areas (RUCAs). If your consortium will be serving people from large town, small town, or isolated rural areas per the RUCAs, then you are eligible to apply.

**Q5. Are non-profits an eligible applicant?**

A5. Nonprofits are not eligible applicants unless they are the fiscal agent for an existing Child and Adolescent Mental Health Collaboratives (including Integrated Children’s Mental Health and Family Services Collaboratives) or Adult Mental Health Initiative.

Eligible entities include:

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- Counties or consortia of counties/county health boards
- Current consortia/regions serving Minnesota’s Adult Mental Health Initiatives are strongly encouraged to apply in the same configuration
- Tribal Nations

All applicants must also be located in Minnesota and must be located outside of the seven-county metro area.

**Q6. Does an established collaborative mean that it exists and the convener of the collaborative can be the applicant on its behalf? We are a nonprofit that convenes a collaborative specific to a single county.**

A6. If the nonprofit organization is the fiscal agent and convener for an existing Child and Adolescent Mental Health Collaborative (including Integrated Children’s Mental Health and Family Services Collaboratives) or Adult Mental Health Initiative, the nonprofit can be the applicant.

**Q7. Are additional points being given to organizations that serve only rural communities?**

A7. There are no additional points given for projects serving only rural communities.

**Q8. If multiple counties are applying together, will the fiscal host county need to be main applicant?**

A8. Yes, the fiscal host county will be the applicant and the consortium will be described in the application.

**Q9. If a for-profit clinic works with the school systems completing preventative mental health screening does this qualify?**

A9. A for-profit clinic is not an eligible applicant, but it could be part of the eligible service providers within the project.

**Q10. Will the grant agreement be subject to the Master Grant Agreement with MDH or will this be its own entirely different/separate agreement?**

A10. For funds awarded to Community Health Boards (CHBs), grant agreements will be executed under the current Master Grant Agreement in place between MDH and the CHB.

**Q11. Can up to \$400K be spent by September 30, 2027? Or is the \$400K cap to be spent across 5 years?**

A11. The maximum award amount of \$400,000 must be fully spent by September 30, 2027. 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.

**Q12. Would transportation assistance be something that could be covered?**

A12. Transportation of patients to appointments is not an allowable expense, per Attachment B of the RFP. Transportation costs for travel to trainings or for providers to provide services in the community are eligible expenses.

**Q13. Once you are approved for year one funding is continued funding non-competitive, or is the annual renewal through a competitive application?**

A13. In years 2 – 5, depending on the award amount from CMS and grantee performance, there will likely be noncompetitive funds available for existing grantees. We also anticipate having some competitive funds available for new applicants to apply for the project.

**Q14. How can we budget to pay for some current staff time in for planning, to ensure it is not considered supplanting?**

A14. If you have current staff, you would be able to use funds from the grant only for the portion of their salary or wages that they are working on the Child and Adolescent Mental Health Initiative (CAHMI) project. For example, if you have a 1.0 FTE that will be spending 25% of their time on the CAMHI, then you can charge 25% of their salary or wages to this grant. The work done on the CAHMI project must be unique from the work the person was doing under the other funding source. For

example, the work reaches a new population, happens in a new geographic area, or consists of different activities.

**Q15. Are awards paid out at the start of the quarter/grant or does the fiscal host need to use reserve funds first and then get allocation based on paid bills?**

A15. All grants are paid on a reimbursement basis.

**Q16. No transportation at all? EX: If I take a group out of town for a event/learning activity can I rent a bus or other vehicles to transport or does it mean that we won't pay for people to go to an out of town doctor or things like that.**

A16. Transportation of patients to appointments is not an allowable expense, per Attachment B of the RFP. Transportation costs for travel to trainings or for providers to provide services in the community are eligible expenses.

**Q17. What are the target ages, i.e. what counts as adolescent?**

A17. Services can be provided from birth through age 24.

**Q18. Can you re-explain what you said for the reporting for remaining years even if you were not awarded for those years?**

A18. The Rural Health Transformation Program is a 5 year grant from CMS. The grant agreement for the CAMHI will be for the full five years of the project, ending on October 30, 2030. Grantees will be required to report on outcomes for all five years of the grant, regardless of how many years they receive funding. This allows us to track outcomes over time and demonstrate the longer term impact from the investments.

**Q19. Do you anticipate future years to cover more service related/start up program costs or do you anticipate it to remain only for training/planning?**

A19. Yes, we expect that if grantees start with a planning grant that they will move into implementation with future funding years. Start up programs costs are allowable, as long as they are not for direct clinical services, any billable services, anything that duplicates or supplants existing funding sources, or any other unallowable expense as listed in Attachment B of the RFP.

**Q20. If multiple counties are applying together, only the main applicant (fiscal host) needs to submit the audited financial statements, due diligence, and conflict of interest form, correct?**

A20. That is correct.

**Q21. Indirect/Administrative costs – it limits to 6% and states it is subject to change, do you think this will increase? Our county typically is seeing indirect costs minimally at 10% and ideally at 15%.**

A21. At this time, we do not anticipate that the administrative cost cap of 6% will increase.

**Q22. Explain the difference between ‘How many mental health crisis services for children and adolescents exist in your service area? Versus what is available?’ For example: The service exists, but isn’t readily available due to a wait list?**

A22. Please address both what services exist and what services exist but are not accessible due to wait times or other factors when submitting your baseline data.

**Q23. Is there a specific budget format to use, or do we just enter the budget amounts and the narrative in the application. Should in-kind funding be included in the narrative?**

A23. There is a specific format for the budget that is outlined in the RFP on pages 22-23. Budget categories include:

- Salaries
- Fringe
- Equipment
- Supplies
- Travel
- Contracted Services
- Other Expenses
- Administrative Costs

In-kind funding is not required in the budget or the narrative, but if discussed in the narrative can provide reviewers a more comprehensive picture of your project.

**Q24. If the region served is a single county, does that reduce our competitiveness?**

A24. No, this would not impact the competitiveness of the project.

**Q25. Can a start up working with the counties be able to apply?**

A25. Eligible entities include:

- Established Child and Adolescent Mental Health Collaboratives (including Integrated Children's Mental Health and Family Services Collaboratives)
- Counties or consortia of counties/county health boards
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All applicants must also be located in Minnesota and must be located outside of the seven-county metro area.

Eligible projects can include startup costs for a facility, but facilities themselves are not eligible to apply.

**Q26. Is it possible for a county to apply for the grant on behalf of a region, and then seek a subgrantee to coordinate the work?**

A26. Yes, that would be allowable.

**Q27. Transportation costs were explained to not be allowable under the grant, however, is paying a Mental Health Provider to travel to rural areas to serve children and adolescents an allowable expense?**

A27. Transportation costs for a provider to travel to rural areas to provide services is an allowable cost, as long as it is not billable within their provider rate. Transportation of patients to appointments is not an allowable expense, per Attachment B of the RFP.

**Q28. Are legal fees an eligible expense? I know when our AMHI formed, we needed a joint powers agreement, review of contracts, both can be substantial costs associated with forming a collaborative.**

A28. Legal fees to establish the consortium are an eligible expense, however will generally fall under the administrative line item.

**Q29. reaching out to clarify whether for-profit clinics are eligible for the Children's Mental Health Initiative?**

A29. A for-profit clinic is not an eligible applicant, but it could be part of the eligible service providers within the project.

**Q30. Eligibility- The eligible applicant list in the RFP includes established Child and Adolescent Mental Health Collaboratives, counties or consortia of counties, and Tribal Nations. We are a private LLC/PLLC based in Minnesota, MN (Lyon County) that provides mental health services to children and adolescents in Southwest Minnesota. Are private organizations eligible to apply as the lead applicant, or only as a collaborating partner/subcontractor under an eligible lead entity? If we are not eligible as a lead applicant, can you point us toward any existing Southwest Minnesota collaboratives or county consortia that may be accepting partners for this grant?**

A30. A for-profit clinic is not an eligible applicant, but it could be part of the eligible service providers within the project. You can search for [Collaboratives \(https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/collaboratives\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/childrens-mental-health/collaboratives) or [Adult Mental Health Initiatives \(https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/amhi/\)](https://mn.gov/dhs/partners-and-providers/policies-procedures/adult-mental-health/amhi/) on the websites linked here.

**Q31. Startup/New Organization- Our organization is relatively new and does not yet have a full operating budget history or audited financial statements. The RFP requires an independent audit as an attachment. Is there a waiver or alternative documentation process for startup or early-stage organizations that do not yet have an audit? What financial documentation would be acceptable in lieu of an audit for an organization in its first years of operation? Additionally, does the lack of prior grant history with MDH negatively affect scoring under the past performance review criteria?**

A31. If your organization does not yet have an audit, if you are a nonprofit organization, you can include your IRS Tax form 990 or 990 EZ. If you have not yet filed a tax return, you can include your organization's most recent financial statements. The lack of grant history with MDH is not part of the scoring criteria and will not impact your application.

**Q32. Would like to clarify whether letters of support and commitment from partner organizations may be submitted as part of the application. If so, could you please advise on the appropriate method for including these materials?**

A32. An optional upload field has been added in Section 6 of the application.

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