MINNESOTA
RURAL HEALTH TRANSFORMATION

RHTP: Healthcare Workforce Retention Program Questions and Answers

JUNE 20, 2026

Q1. Eligibility/Entity Type: Section 1.4 describes eligible applicants but does not specify entity type. Please confirm that for-profit LLCs incorporated in Minnesota are eligible to apply.

A1. For profit entities authorized to work in Minnesota are eligible entities to apply.

Q2. Eligibility/Financial Documentation: Section 6 requires applicants to submit a copy of their most recent independent audit. For smaller or newer organizations that are not required to undergo an independent audit, what financial documentation is an acceptable alternative?

A2. 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.

Q3. Scoring: Section 2.7 references 15 additional priority points available to reviewers beyond the 100-point evaluation rubric, but Attachment A does not describe the criteria for those points. Could you clarify what criteria or applicant characteristics those 15 priority points are intended to reward?

A3. This was an error. There are no priority points available for this RFP. The RFP has been updated.

Q4. Proposal Requirements: The RFP requires applicants to describe a plan for recruiting up to 10 rural healthcare sites per year. Are confirmed site partners or letters of intent from participating organizations required at the time of application?

A4. You do not need to have confirmation of the 10 rural healthcare sites per year at the time of application, however the application should outline the selection process for those partner sites. Participating rural healthcare organizations should be committed to addressing clinical workplace burnout.

Q5. Site Requirements: Does MDH have specific eligibility requirements or preferences regarding the type of rural healthcare organizations that may participate as sites — for example, critical access hospitals, FQHCs, rural clinics, or others?

A5. There is no preference for type of rural healthcare organization. Sites need to be located in a Rural-Urban Commuting Area (RUCA) classification 4-10 to be participate. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) of Minnesota communities considered rural by this definition can be found on the Office of Rural Health and Primary Care Funding webpage.

Q6. Methodology: The RFP specifies that applicants should describe validated surveys and/or qualitative assessments for measuring burnout and job satisfaction but does not name required instruments. Does MDH have preferred tools that applicants are expected to use?

A6. MDH does not have any particular tool that applicants are expected to use. MDH encourages applicants to use reliable, tested instruments that measure the specific concept that is intended to be measured, for data accuracy.

Q7. I wanted to reach out to see whether our location may qualify for this opportunity. While we are located within Hennepin County, the community itself is considered more of a semi-rural/rural-serving area with many of the workforce and access challenges often seen in rural communities. We have developed a thoughtful workforce retention initiative focused on supporting and retaining healthcare staff, and we believe the program aligns strongly with the goals of this funding opportunity.

A8. Per the RFP, eligible applications are as follows:

- Located in Minnesota with a demonstrable knowledge of Minnesota's rural health systems.
- Applicants should have a proven track record of developing and executing evidence-based workplace-related burnout mitigation and healthcare workforce retention efforts.
- Applicants will be selected based on their ability to complete proposed projects and evidence of experience in the proposed subject matter

Q8. I just wanted to better understand what is meant by "located in Minnesota with a demonstrable knowledge of Minnesota's rural health systems," specifically how "rural" is being defined for this opportunity. Our location is situated within Hennepin County; however, the community itself is considered more semi-rural/rural-serving in nature and experiences many of the workforce recruitment, retention, and healthcare access challenges commonly seen in rural communities. Given this context, I wanted to see whether our location and organizational experience may still align with the intent of the eligibility requirements before we move forward with a proposal.

A8. Applicants do not need to be located in rural areas, however the work being done in this program does need to benefit rural populations. The healthcare organizations who are a part of the pilot (up to 10 sites per year) should be located within the Rural Urban Commuting Areas (RUCAs) 4-10. A Rural Urban Commuting Area 4-10 by Zip Code reference table (Excel) (https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/docs/mnruca.xlsx) of Minnesota communities considered rural by this definition can be found on Office of Rural Health and Primary Care Funding (https://www.health.state.mn.us/facilities/ruralhealth/funding/index.html).

Q9. The RFP calls for understanding systemic factors driving burnout, developing and piloting evidence-based interventions, measuring impact on working conditions and retention, and expanding successful interventions to new cohorts each year — all while managing site recruitment, participant enrollment, travel to rural sites, and bimonthly reporting. This describes deep systems transformation work in organizations with deeply entrenched cultural and structural conditions.

Could MDH clarify its theory of change for this grant? Specifically: is the expectation that Year 1 funding of $150,000–$183,000 supports a diagnostic and relationship-building phase only, with substantively larger budgets anticipated in Years 2–5 for intervention implementation across growing cohorts? Or is MDH expecting transformational systems change across up to 10 sites annually within this budget envelope? Understanding MDH's expectations here is essential for applicants to propose a realistic and credible scope of work.

A9. Given the pilot nature of this work, it is possible that the first budget period begins to understand factors that contribute to retention issues within organizations and future years address those issues. It is expected however that at up to 10 rural healthcare sites are recruited for the study in each budget period.

The RHTP is a 5-year funding program from CMS. Future funding is not guaranteed, though 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.

Q10. What does “demonstrable knowledge of MN rural health systems" look like in a strong application?

A10. Organizations should articulate their understanding of barriers in rural healthcare that contribute to reduced recruitment, retention and increased burnout. Applications should provide a detailed illustration of your experience with rural health.

Q11. What is the best way to thread the needle on demonstrating experience if had another opportunity with other grants and avoid duplication?

A11. If your organization is currently funded to do this work in Minnesota, please describe ways in which this work is an expansion. Examples may include how your work proposed under RHTP focuses on different geographical areas, provider types, or facility types than your existing work.

Q12. Will there be a single award for this process? Is the $183,000 award the max for whole cycle?

A12. This is the first budget period’s allocation for this activity. Organizations should discuss high level aspects of their 5-year plan to deliver programming, but in the current application, organizations should write a workplan and budget for budget period 1 plus the extended spending period only. These dates run from estimated contract execution September 2026-September 30, 2027.

Q13. Would like more clarify on award supporting up to 10 organizations.

A13. Applicants are welcome to propose what organization types they will support and study. There is no one rural healthcare facility type or provider type focus requirement.

Q14. We are a system, could we choose 10 of our own sites?

A14. This work is meant to be replicable across rural healthcare and agnostic to systems. It should not be restricted over the 5 years to one system alone.

Q17. Are there any MDH assessments done in last 5 years that point to rural health system feedback about burnout, requests for TA and training, etc.?

A17. Each year ORHPC releases a chart book that demonstrates different data points that have been identified as a need and discuss info on burnout, and distribution of those who are reporting burnout.

- MN Rural Health Care Chartbook (https://www.health.state.mn.us/facilities/ruralhealth/docs/summaries/index.html)
- Health Care Workforce Data and Analysis (https://www.health.state.mn.us/data/workforce/index.html)

Q18. Methodology: should we give definitions between differences, i.e. listening sessions or groups?

A18. Applicants should provide definitions in your methodology selection, along with adequate detail for the evaluation panel to understand your proposed plans.

Q19. Would you please confirm the total budget amount for the proposal? I see the estimated amount to grant is listed as $183,000 - is that the total amount for the 4-year project period or is that just the Year 1 amount?

A19. This is the first budget period's allocation for this activity. Organizations should discuss high level aspects of their 5-year plan to deliver programming, but in the current application, organizations should write a workplan and budget for budget period 1 plus the extended spending period only. These dates run from estimated contract execution September 2026-September 30, 2027.

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Q20. We are a vendor who coordinates Uber/Lyft rides for seniors and people who can't use smartphone apps, via live phone operator. Is this relevant?

A20. Per section 1.4 of the RFP, eligible applicants are: Located in Minnesota with a demonstrable knowledge of Minnesota's rural health systems; Applicants should have a proven track record of developing and executing evidence based workplace-related burnout mitigation and healthcare workforce retention efforts; Applicants will be selected based on their ability to complete proposed projects and evidence of experience in the proposed subject matter.

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