



MINNESOTA
RURAL HEALTH TRANSFORMATION

Rural Health Transformation Program: Telehealth Access Points

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$193,090,618.14 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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.

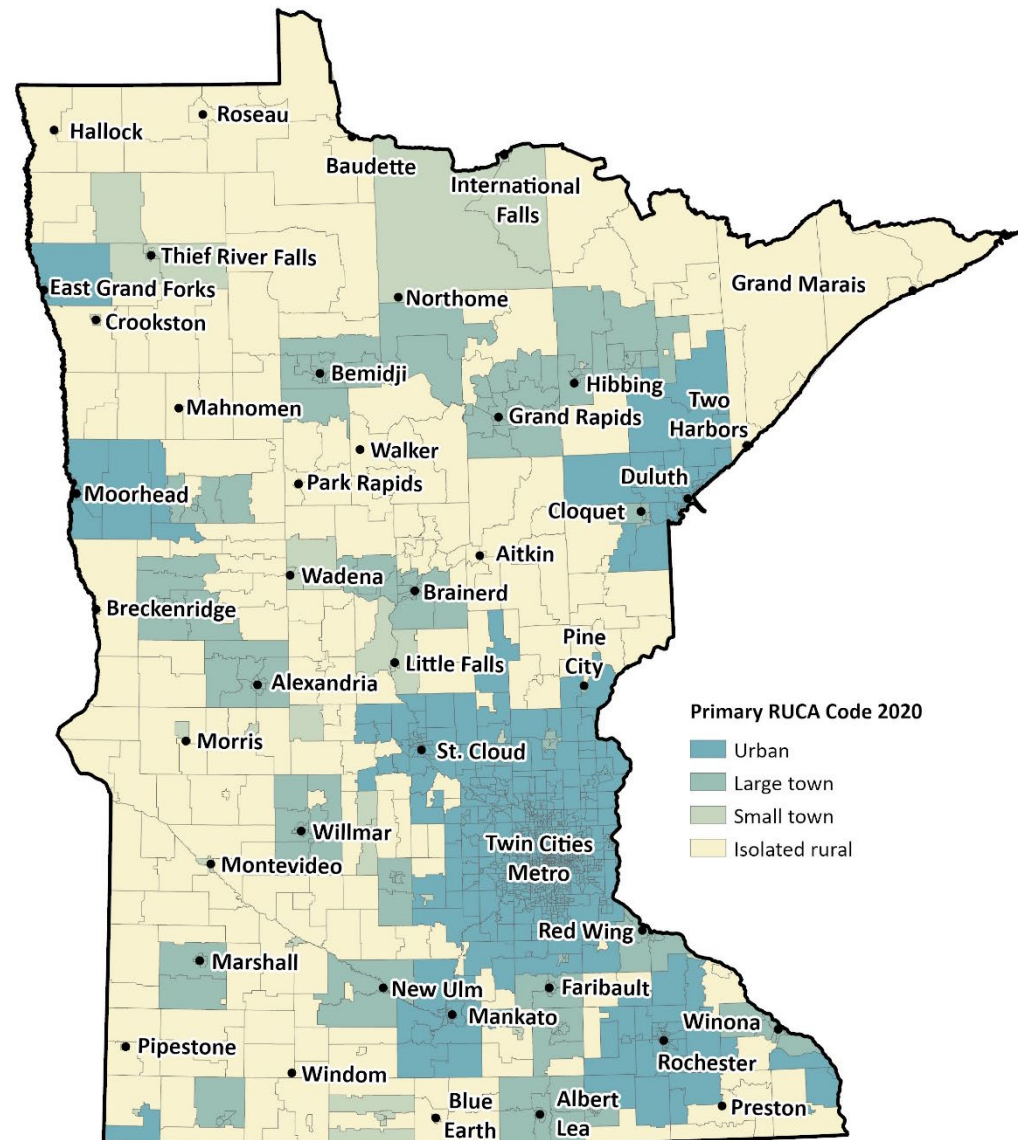
Program Description

- Development of community telehealth access points (TAPs): dedicated spaces in community locations where members of the public may access telehealth appointments
- May be located at sites such as schools, pharmacies, local public health offices, long-term care facilities, libraries, community-based organizations, and Tribal health clinics or other Tribal offices
- Services may include screenings, provider consultations, and remote visits for primary care, behavioral health, and oral health
- Increase access to timely, high-quality health care for rural residents who may not have a health care facility nearby or broadband service at home, or who may feel more comfortable seeking care in a trusted community setting
- TAPs will be attended by staff trained to provide services such as care coordination, community outreach, and referrals

Eligible Entities

- All applicants must be located in Minnesota, and the TAP must be located in a rural community.
 - The applicant may be either a healthcare provider or a site hosting the TAP
 - All applicants must demonstrate that the host site has a suitable space, or can be modified to create a suitable space, to provide telehealth in keeping with best practices and legal requirements, such as protecting patient privacy.
 - Collaboration between at least one TAP host site and at least one healthcare provider is required
- Eligible applicants include
 - Clinics
 - Health systems
 - Hospitals
 - Tribal Nations
 - Pharmacies
 - Local public health departments
 - Schools
 - Long-term care facilities
 - Libraries
 - Community-based organizations and community centers

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	\$257,840
Estimated Number of Awards	5
Estimated Award Maximum	\$75,000
Estimated Award Minimum	\$50,000

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

Outcomes & Priorities

- This grant will serve rural residents in Minnesota who seek access to care via telehealth appointments in trusted, convenient community settings.
- Outcomes:
 - Increased access to care, including reduced travel burden
 - Increased access to health screenings and provider consultations
 - Reduced disparities in healthcare access for rural residents
 - Improved health outcomes due to increased access to care closer to home

Data Reporting:

How many new RHTP-funded telehealth access points began serving patients in this reporting period?

List the counties where patients reside who used the RHTP-funded telehealth access site in this reporting period.

How many total patient encounters occurred at each telehealth access point during this reporting period?

How many frontline staff if any, were assigned to RHTP-funded telehealth access points in this reporting period?

Eligible Expenses

- Staff and consultant time for:
 - Planning and project management
 - Community engagement and partnership development
 - Training of attending frontline workers
 - Marketing
- Minor space modifications
 - Soundproofing, ADA accommodations, lighting, furniture, noise reduction, securing space
 - Wiring for internet
 - Installation of privacy enclosures, equipment, and supplies
- Telehealth supplies
 - Computer
 - Camera, microphone, speakers
 - Medical devices
 - Blood pressure cuff
 - Pulse oximeter
 - Scale
 - Otoscope
 - Stethoscope
 - Exam camera
 - Administrative costs, not to exceed 6% of the project budget

- Ineligible Expenses
 - 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 September 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 amend 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

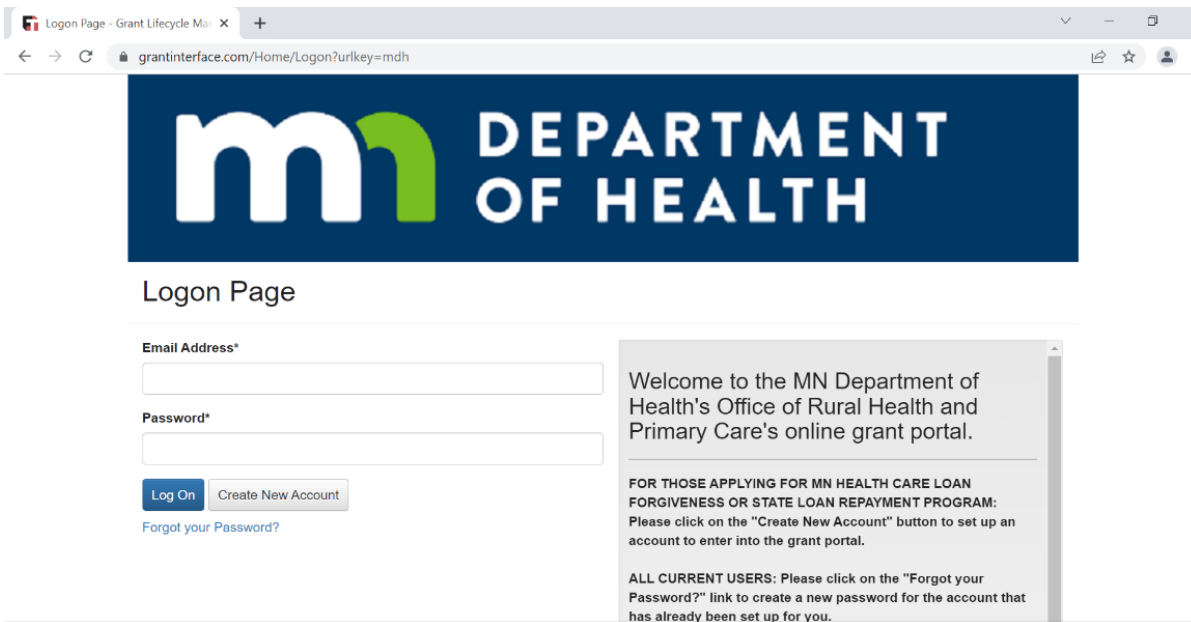
- Work may not start prior to the full execution of agreement and the first day of the contract period
- Grant activities approved for payment are outlined in Exhibits A & B of the contract
- Grantees must report on financial and programmatic activities
- Progress and financial reports will be submitted 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
 - Organizational Capacity and Collaborating Partners – 15 points
 - Problem Statement – 10 points
 - Project Methods and Key Personnel Biographical Sketches – 45 points
 - Work Plan – 15 points
 - Budget and Budget Narrative – 15 points
- Prior to contracting, due diligence and past performance review are conducted


Application Instructions & Important Dates

- Applications open: May 22, 2026
- Deadline for questions: June 16, 2026
- Applications deadline: June 30, 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: Narrative
- > 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
 - Project Summary
 - Problem Statement
 - Project Methods
 - Collaboration
 - Key Personnel Biographical Sketch(es)
 - Administrative Costs

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
 - Collaborating Partners Letter(s) of Support
- 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](#)
 - 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)
(<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/)
(<https://mn.gov/mmb/accounting/swift/vendor-resources/>)
 - [SWIFT Supplier Portal Homepage](https://guest.supplier.systems.state.mn.us/psc/fmssupap) (<https://guest.supplier.systems.state.mn.us/psc/fmssupap>)
 - [Vendor Reference Guides / Minnesota Management and Budget \(MMB\)](https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/)
(<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) (<https://sam.gov/entity-registration>)

Questions

Thank You!

Office of Rural Health and Primary Care RHTP Team

grants.ruraltransformation.mdh@state.mn.us