RHTP: Rural Telehealth Services Center Needs Assessment Questions and Answers

SEPTEMBER 8, 2026

Q1. Is there a specific funding amount or award range associated with this opportunity? We did not see a funding amount listed in the RFA.

A1. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q2. Is this structured as a traditional RHTP grant, or is Minnesota seeking feedback, information, or responses from organizations to help shape the needs assessment?

A2. This is a contract that funds the completion of the tasks and deliverables outlined in Section 2.2

Q3. Is there a budget for the project?

A3. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q4. When you think about success for the Needs Assessment, is your priority on collecting new information about needs? Or is this more about organizing available information to define the functional and operational needs in a RTSC?

A4. MDH has not prioritized one approach over another, as long as the needs assessment meets the details outlined in the Tasks and Deliverables section of the RFP.

Q5. Do you imagine app-based Telehealth (e.g. stand alone app that might be based in another state) being part of the Needs Assessment variables, or are you most focused on Minnesota providers?

A5. The RFP focuses on Minnesota providers, as the final report will outline options for a Minnesota-based RTSC including identification of regional and/or statewide partners.

Q6. Does MDH have a staff committee or stakeholder group in place to inform this project?

A6. MDH has staff in place to inform this project.

Q7. How would you see the Rural Health Advisory Committee informing this work, if at all?

A7. The Rural Health Advisory Committee is a resource that can advise the Minnesota Department of Health on rural health issues, and may play a role in reviewing and offering feedback if deemed appropriate.

Q8. Are there any past MDH projects that have most informed how you're envisioning this Needs Assessment?

A8. MDH has not identified a specific past project that must inform or drive the needs assessment being requested as part of this proposal.

Q9. Can you share or direct us to MDH's proposal to CMS and the background data that informed MDH's application on this project?

A9. The full program narrative that was included as Minnesota's application to CMS can be found here: Rural Health Transformation Program - MN Dept. of Health.

Q10. Scope & Design Expectations- Model Flexibility: Addendum 1 notes that the RTSC does not need to be a single centralized entity. Does MDH prefer the assessment evaluate specific regional hub-and-spoke models versus a fully decentralized virtual network, or should the proposal present options across both spectrums?

A10. The proposal included in the Final Report should include proposed models for organizational structure with identification of strengths and weaknesses

Q11. Scope & Design Expectations- Clinical Focus vs. Broad Telehealth: Beyond EMS and specialty care connections, does MDH have prioritized clinical domains (e.g., rural maternal/obstetric care, tele-behavioral health, emergency tele-triage) that must be specifically evaluated in the needs assessment?

A11. The needs assessment should identify clinical domains to prioritize as part of the priority specialty service lines identification.

Q12. Scope & Design Expectations-Interoperability & Data Standards: To what extent should the assessment analyze hardware and electronic health record (EHR) interoperability across non-affiliated health systems in Greater Minnesota?

A12. The assessment should take into account hardware and electronic health record interoperability as pertains to the criteria listed in Deliverable 3.

Q13. Stakeholder Engagement & Sampling- Target Respondent Baseline: Does MDH have a target baseline or minimum requirement for the number of rural healthcare facilities, EMS squads, or Tribal health organizations to be engaged during the qualitative/quantitative data collection phases?

A13. MDH does not have a target baseline for partners engaged during data collection.

Q14. Stakeholder Engagement & Sampling- Access to State Data: Will MDH facilitate access to existing state health data, previous provider surveys, or Minnesota Department of Human Services (DHS) telehealth utilization data to inform the secondary data analysis?

A14. Respondents will be able to use previously published or publicly available data and reports focused on telehealth services.

Q15. Budget, Cost Proposal, & Indirect Rates- Budget Cap: Does MDH have a specific target or maximum cost ceiling established for this 12-month assessment and design contract?

A15. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q16. Budget, Cost Proposal, & Indirect Rates- Indirect Rate Policy: Will MDH honor the University of Minnesota's federally negotiated Indirect Cost Rate (F&A), or is there a state-mandated administrative indirect rate cap (e.g., 10%–15% MTDC) for RHTP consulting contracts?

A16. All RHTP funded vendors have a 6% cap on administrative costs, including both direct and indirect costs, subject to change in future years.

Q17. Budget, Cost Proposal, & Indirect Rates- Phase 2 Implementation: Is there an expectation that the selected vendor for Deliverable 4 (Final Report & Design Proposal) will be restricted or barred from bidding on future implementation RFPs resulting from the RTSC design options?

A17. No, there is no expectation that the vendor will be barred from bidding on future implementation focused RFPs.

Q18. Deliverables & Format Compliance- Interim Review Timelines: The RFP requires a 14-day MDH review period followed by a 14-day vendor revision period for major deliverables. Will MDH review times pause the overall project calendar, or must those 28 days be accounted for within the 6-month (Interim) and 12-month (Final) submission deadlines?

A18. Those review periods totaling 28 days must be accounted for within the 6 month and 12 month submission deadlines.

Q19. Deliverables & Format Compliance- Accessibility Standards: Are there specific state-approved document templates or automated compliance testing tools (e.g., Compliance Sheriff, Adobe Accessibility Checker) that MDH requires for Deliverables 4 and 5?

A19. No.

Q20. Deliverables & Format Compliance- Reporting frequency: What is the frequency of reporting meetings and progress reports?

A20. At minimum the vendor will participate in a kick-off call within 5 days of contract execution and monthly project check-ins throughout the contract period and submit written progress reports that will also serve as agendas for each check-in meeting.

Q21.May an individual or independently owned business submit its own proposal as the prime responder while that same individual or business is also included as a subcontractor, consultant, or team member in a separate proposal submitted by an unrelated entity?

A21. Yes.

Q22. If this arrangement is permitted, must each responder disclose the individual's or entity's participation in the other proposal?

A22. Yes, all responders must disclose subcontractor, consultant, and team member participation.

Q23.May the same individual's qualifications and past experience be used by two separate responders to demonstrate the preferred qualifications? If so, must that individual be an employee, or may a subcontractor or consultant's experience be considered?

A23. The same individuals qualifications and experience may be used by two separate responders. Their experience should be shared as one of the personnel who will conduct the project.

Q24. Does MDH anticipate making one award or multiple awards? If multiple awards are made, would each selected vendor independently perform the full scope, or might MDH divide the work or require coordination among the selected vendors?

A24. MDH anticipates making one award.

Q25. Is there an anticipated contract budget or maximum amount available for the required scope of work? If so, does that amount include possible work during the optional one-year extension?

A25. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q26. What level of stakeholder engagement does MDH expect for the needs assessment, including the anticipated number and types of interviews, focus groups, surveys, site visits, or other engagement activities?

A26. MDH is not specifying level of partner engagement. Responder should propose the appropriate level of engagement to meet the needs of the project.

Q27.Will MDH assist the selected vendor with identifying and contacting rural healthcare providers, specialty providers, telehealth programs, state agencies, and other stakeholders? Will MDH provide existing studies, provider lists, telehealth utilization data, or other relevant information?

A27. MDH will support the vendor with identifying rural healthcare providers as able. Respondents will be able to use previously published or publicly available data and reports focused on telehealth services.

Q28. Attachment E refers to "Work Samples," while Section 4 refers to a "Work Sample." Please confirm the required or preferred number of work samples. Does the one-page maximum apply to one combined summary or to a separate summary for each sample?

A28. Responder should follow the guidance in Attachment E and submit at least 2 completed work samples with their response. The one-page maximum applies to a combined summary for all work samples.

Q29. For the 10-page Project Overview and Methodology section and the 10-page Qualifications and Experience section, please confirm whether tables of contents, section dividers, charts, tables, and personnel lists count toward the applicable page limits. Do the 12-point font and double-spacing requirements apply to tables, charts, timelines, and figure captions?

A29. All sections of the Project Overview and Methodology, including table of contents, section dividers, charts, tables, and personnel lists, count towards the applicable page limits.

Q30. The anticipated contract term begins in September 2026, and the RFP states that evaluation and selection are anticipated to be completed by September 20, 2026. Should responders assume that the 5-day kickoff requirement and the six- and twelve-month deliverable periods begin on the actual contract execution date rather than September 1, 2026?

A30. Yes, the timeline on deliverables begins on the actual date of contract execution.

Q31. Section 4, item 5, requires submission and State approval of "transaction documents" proposed for use under the resulting contract. Can the State clarify whether this term is intended to include contractor subcontracts, consultant agreements, and other agreements between the Contractor and third parties, or whether it is limited to documents executed between the State and Contractor in support of contract performance? If "transaction documents" includes subcontracts or consultant agreements between the Contractor and third parties, please clarify the purpose and scope of the State's review, including whether the State's review is limited to ensuring compliance with the State Contract, applicable flow-down requirements, and Minnesota law, rather than approval of the Contractor's standard business terms and conditions.

A31. These are examples of types of sample transaction documents. Sample transactions are not required to be submitted at this time, however may be required of finalists.

Q32.The instruction for Item 5 has proposers include a detailed description and breakdown of what is included in the hourly rates. Typically for fixed price or time and materials contracts, this detail is not usually provided. Would it be permissible for proposers to exclude this potential proprietary and confidential information?

A32. The vendor must provide detailed breakdown of all rates proposed as described in the cost proposal.

Q33.Is there an anticipated budget, or not-to-exceed amount, for this opportunity?

A33. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q34. We understand that this contract is intended to be firm-fixed-price, with invoicing based on completed deliverables. However, Attachment C requests additional information in Table 2, Hourly Rates, which appears inconsistent with a firm-fixed-price structure. Although the solicitation states that these rates will not be used for scoring, it also states that they will be considered during the contracting process. Please confirm whether the resulting contract will be firm-fixed-price, with payment and invoicing tied to deliverables, and clarify the intended contractual use of the hourly rates requested in Attachment C.

A34. MDH is reviewing all aspects of proposed costs to ensure that responses align with the allowable costs and related caps of the award. Please refer to ATTACHMENT F: FEDERAL AWARD COMPLIANCE REQUIREMENTS in the RFP Attachments file.

Q35. What existing telehealth data, stakeholder lists, prior assessments, and related Rural Health Transformation Program planning materials will MDH make available to the selected vendor?

A35. Respondents will be able to use previously published or publicly available data and reports focused on telehealth services.

Q36. Does MDH have expectations regarding the minimum number, geographic distribution, or types of stakeholders to include in interviews, surveys, focus groups, or listening sessions?

A36. MDH does not have expectations regarding the minimum amount of partner engagement. Responders should propose an amount that they deem sufficient to meet the project deliverables.

Q37. Does MDH expect the final report to recommend one preferred RTSC model, or should the vendor present multiple models with comparative strengths, limitations, implementation requirements, and estimated operational and capital costs?

A37. The report should include multiple models and a recommendation.

Q38. The RFP states that vendors located in Minnesota or demonstrating familiarity with Minnesota's healthcare telehealth landscape are desired. May an out-of-state prime responder demonstrate that familiarity through a proposed Minnesota-based subcontractor or teaming partner with relevant rural-health and telehealth experience?

A38. Yes.

Q39. for the desired extensive experience in needs assessments/evaluations, rural healthcare and telehealth resources, and coalition/service-delivery structures, may the responder rely on the documented experience of proposed key personnel and subcontractors, or is that experience expected to reside primarily with the responding legal entity itself?

A39. The responder may use the experience of all personnel who will conduct the project, including key personnel and subcontractors.

Q40. Does MDH have a defined geographic scope for the needs assessment (e.g., statewide or focused on particular regions, facility types, or provider categories)?

A40. Statewide in rural areas.

Q41. Are there priority stakeholder groups across the state that have already been identified to be engaged throughout the assessment process (e.g., Rural Health Advisory Committee, Minnesota Hospital Association, patient groups, etc.) or any that should not be considered for inclusion?

A41. No priority groups have been identified.

Q42. Does MDH have existing forums (collaboration forums and/or governance forums) through which the primary stakeholders can be engaged?

A42. MDH has staff identified to support this project and stakeholder groups available as appropriate.

Q43. What is the expected approach to Native American reservations and tribal (e.g., sovereign authorities) engagement and collaboration for the assessment?

A43. Per Minnesota State Statute 260.754, the state of Minnesota acknowledges federally recognized Indian Tribes as sovereign political entities that predate the existence of the United States and that have retained inherent sovereign authority to pass their own laws, maintain their own systems of governance, and determine their own jurisdiction. MDH will offer collaboration opportunities to Tribal Nations to engage in work for the telehealth services needed in Minnesota as their communities bring valuable information and insight into the needs of rural residents.

Q44. Has there been a specific level of direct patient engagement contemplated (e.g., direct focus groups)? If so, is there a specific scale for this type of engagement that has been set as a goal (e.g., number of patients, regional coverage)?

A44. MDH does not have expectations regarding the minimum amount of patient engagement. Responders should propose an amount that they deem sufficient to meet the project deliverables.

Q45. The RFP refers to potential partnership with "existing local telehealth hubs or providers." Has MDH already identified these hubs and/or any specific candidates for partnership?

A45. MDH has not already identified these hubs.

Q46. What scope does MDH anticipate for the optional additional year and should pricing be provided for the optional year at this time?

A46. Additional year's deliverables and scope will be discussed at a future time.

Q47.The timeline for services indicated is from Sept 2026 to Sept 2027. Does MDH have specific interim milestones that need to be met in this duration (e.g. when preliminary report needs to be made available before the final report)

A47. Yes, responders should follow the timeline of deliverables noted in the RFP.

Q48. This solicitation is fully funded by a CMS/HHS financial assistance award. Will the awarded vendor be treated as a contractor or as a subrecipient for purposes of 2 CFR Part 200? Can MDH identify which federal flow-down requirements it intends to incorporate into the resulting contract beyond the debarment and lobbying certifications already included in Attachment A?

A48. The awarded vendor is a sub-recipient and subject to all terms and conditions outlined in FEDERAL AWARD COMPLIANCE REQUIREMENTS in the RFP Attachments file.

Q49. MDH is running several concurrent Rural Health Transformation Program solicitations. Does MDH expect the awarded vendor for this work to coordinate with vendors on those other engagements, and would holding more than one RHTP contract raise an organizational conflict of interest concern under Attachment A?

A49. The awarded vendor for this work will need to coordinate with other sub-recipients of RHTP funded activities at MDH's discretion and advisement. Holding more than one RHTP contract does not raise an organizational conflict, however respondents will need to address any capacity constraints that might arise in conducting such large scopes of work for MDH's RHTP activities. If a respondent were to be awarded more than one contract they would need to ensure and document there is no duplication of efforts, and clearly document reimbursable time towards each individual contract.

Q50. Will you please clarify the scope of services that should be explored in this project, including whether behavioral health care, primary care, and/or chronic disease monitoring should be included?

A50. Part of the needs assessment includes identifying priority specialty lines and scope of services.

Q51. What is the available budget or desired budget range for the project?

A51. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q52. Can you share more about the scoring for the Cost Detail? Is it based on the total bid amount, the value for the deliverables proposed, or other criteria?

A52. The scoring of the cost proposal is based on the total bid amount.

Q53. Do you anticipate a single award or multiple awards for this project?

A53. MDH anticipates a single award for this project.

Q54. Is there a budget range or ceiling MDH has in mind? Are there any constraints or considerations we should be aware of?

A54. At this time approximately $4,000,000 has been allocated for this solicitation. Respondents should include adequate Information to demonstrate their ability to complete deliverables, including hourly rates and what is included in that hourly rate in Attachment C: Cost Proposal.

Q55. What are the drivers of the project timeline? Specifically, can you say more about what's driving the need for an interim needs assessment at 6 months?

A55. The drivers include the need to complete the assessment and report early in the program lifecycle in order for MDH to have the option to support implementation work in future grant years.

Q56. To what degree can MDH support access/introductions to rural provider organizations/health systems and/or rural providers?

A56. MDH has a wide network of provider contacts and can support introductions.

Q57.What is MDH's working definition of "rural" for this project and the counties or towns that fit that definition/are in scope?

A57. Census tracts with RUCA codes 4-10 are considered rural, and encompass micropolitan areas, small-town areas, and isolated rural areas.

Q58. Are Tribal Nations and Indian Health Service facilities in scope for the needs assessment, and if so, what should we keep in mind for engaging them?

A58. Tribal Nations and Indian Health Service facilities are in scope as long as they operate in rural Minnesota.

Q59. Are there any restrictions on compensating individuals (patients or providers) for taking part in the project as research participants?

A59. Funding cannot be used to compensate individuals for taking part in the project as research participants.

Q60. Are there any restrictions to the methods the vendor can employ and/or individuals/providers/institutions that can be engaged to conduct the needs assessment and/or develop the design proposal for a potential RTSC?

A60. There are no restrictions, however all roles and responsibilities of those engaged in this work must be outlined in the responder's proposal.

Q61. Is behavioral/mental health considered in scope? Are there any forms/types of care delivery considered out of scope / perceived as not appropriate for RTSC/telehealth?

A61. Part of the needs assessment includes identifying priority specialty lines and scope of services.

Q62. What existing MDH or state data (utilization, broadband access, provider shortage areas) is available to the vendor at contract start?

A62. Respondents will be able to use previously published or publicly available data and reports focused on telehealth services.

Q63. Attachment C requests a detailed breakdown of hourly rates into salary, fringe, equipment, supplies, and indirect costs, and notes that this information will not be used in proposal scoring but will be considered during the contracting process. Can MDH clarify the purpose for collecting this level of cost detail and how it will be used during contracting?

A63. MDH is reviewing all aspects of proposed costs to ensure that responses align with the allowable costs and related caps of the award. Please refer to ATTACHMENT F: FEDERAL AWARD COMPLIANCE REQUIREMENTS in the RFP Attachments file.

Q64. In Attachment C, for organizations whose standard professional billing rates are not developed by separately calculating salary, fringe, and indirect costs for each staff role, may respondents instead provide established fully inclusive billing rates without allocating those rates among the individual cost categories?

A64. Responders may provide a fully inclusive billing rate, however any awarded vendor will need to provide this breakdown at the time of contracting to ensure that responses align with the allowable costs and related caps of the award. Please refer to ATTACHMENT F: FEDERAL AWARD COMPLIANCE REQUIREMENTS in the RFP Attachments file.

Q65. Can MDH also confirm whether any cap, required methodology, federally negotiated indirect cost rate, or other restriction applies to indirect costs under this contract? If so, please identify the applicable requirement and how respondents should reflect it in Attachment C.

A65. The vendor for this award will be limited to a 6% indirect rate.

Q66. The solicitation's evaluation criteria and terms do not appear to identify the 12% preference available to eligible Targeted Group, Economically Disadvantaged, or Veteran-Owned businesses under Minnesota's procurement preferences. Can MDH confirm whether preference points will apply to this solicitation? If so, please clarify how and at what stage of the evaluation they will be applied.

A66. These preference points are not included in this RFP.

Q67. Would MDH be open to slightly extending the deadline of this proposal to account for the upcoming holiday and give more time to review and incorporate responses to these questions into our plan?

A67. MDH is not able to extend the deadline of this proposal.

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