



**Division of Workforce
Development and Adult Learning
(DWDAL)**
Policy Issuance



Rural Health Transformation Program (RHTP): Rural Incentives for Strengthening Employment in Healthcare (RISE) | July 10, 2026

TO Division of Workforce Development and Adult Learning (DWDAL) staff and RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)* applicants, grantees, and subgrantees.

FROM DWDAL Maryland Department of Labor (MD Labor)

SUBJECT RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)*

PURPOSE To provide the policy guidance on the RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)*

ACTION DWDAL policies are available on the [MD Labor website](#).

EXPIRATION Until Cancelled.

QUESTIONS	Casey Tiefenwerth	Lauren Gilwee
	Deputy Director, Office of Strategic Initiatives, DWDAL	Policy Director
	410.767.3282	DWDAL
	casey.tiefenwerth1@maryland.gov	410.767.2268
	v	laurene.gilwee@maryland.gov

PREPARED BY Margaret Drew, Policy Analyst, DWDAL, MD Labor

TABLE OF CONTENTS

RHTP: RURAL INCENTIVES FOR STRENGTHENING EMPLOYMENT IN HEALTHCARE (RISE)

TABLE OF CONTENTS	3
MARYLAND RHTP: RURAL INCENTIVES FOR STRENGTHENING EMPLOYMENT IN HEALTHCARE (RISE)	3
EXECUTIVE SUMMARY	4
GENERAL INFORMATION	5
RURAL HEALTH TRANSFORMATION PROGRAM	5
REGISTERED APPRENTICESHIP IN MARYLAND	5
HIGH SCHOOL LEVEL OF REGISTERED APPRENTICESHIP	6
MARYLAND RHTP: Rural Incentives for Strengthening Employment in Healthcare (RISE)	7
ELIGIBLE ENTITIES	7
PROHIBITED USE OF FUNDS	8
SERVICE COMMITMENT	8
SUPPORTIVE SERVICES	8
Assistance Obtaining a Driver’s License	8
Transportation Assistance	9
Uniforms, Tools, and Related Equipment	9
Child or Dependent Care	9
Union Initiation Fees	10
Clothing for Interviews and Job Fairs	10
Other Supportive Services	10
APPLICATION PROCESS	10
Rural Health Talent Pipelines	12
Allowable Activities	12
Rural Health Advanced Provider Pathways	14
Allowable Activities	14
RISK ASSESSMENT	16
REPORTING, MONITORING, AND RECORD RETENTION	17
REPORTING	17
MONITORING	17
RECORD RETENTION	17
FAIR PRACTICES AND ACCESSIBILITY	18
REFERENCES	19
LAW	19
REGULATION	19
OTHER RESOURCES	19
Attachments	20
Appendices	20
APPENDIX A: PROHIBITED USE OF FUNDS	22
APPENDIX B: PROHIBITION OF THE SALE OF PERSONAL INFORMATION AND THE DISSUATION OF THE RESALE OF PERSONAL INFORMATION	23

EXECUTIVE SUMMARY

The Maryland Department of Labor (MD Labor)'s Division of Workforce Development and Adult Learning (DWDAL) is dedicated to improving the lives of Marylanders through innovative practices that nurture a skilled workforce and connect people to quality employment. Within DWDAL, the Office of Strategic Initiatives (OSI) manages high-profile, industry-driven programs designed to address emerging workforce challenges. To strengthen the State's healthcare backbone, MD Labor is launching the Maryland RHTP:*Rural Incentives for Strengthening Employment in Healthcare (RISE)*. This initiative is powered by \$20.1 million sub-awarded to MD Labor from a larger \$168 million federal RHTP cooperative agreement, focusing on building a lasting workforce impact through two primary components: the *Rural Health Talent Pipelines* and *Rural Health Advanced Provider Pathways*.

The program aims to foster an ecosystem that enables Maryland's education and health systems to develop cohesive strategies across provider types and build a pipeline of future health professionals for rural communities, while also providing advancement opportunities to existing workers. By establishing these pathways, MD Labor seeks to ensure sustainable healthcare access and bolster the talent pipeline for essential healthcare occupations.

This document serves as a comprehensive policy guide, providing essential information on eligible entities, prohibited uses of funds, and the detailed application process. Furthermore, it outlines the critical requirements for risk assessment, ongoing reporting, and programmatic monitoring to ensure the responsible stewardship of public funds and the successful achievement of health career outcomes.

GENERAL INFORMATION

RURAL HEALTH TRANSFORMATION PROGRAM

The Rural Health Transformation Program (RHTP), administered by the U.S. Department of Health and Human Services (HHS)'s Centers for Medicaid and Medicare Services (CMS), was authorized under H.R. 1 (2025).¹ It is designed to empower states to strengthen rural communities across the country by improving sustainable healthcare access, quality, and outcomes by transforming the healthcare delivery ecosystem.

In Maryland, RHTP is led by the Maryland Department of Health (MDH)'s State Office of Rural Health (SORH). RHTP is fiscally supported by CMS as part of a grant award totaling roughly \$168.2M, with 100 percent funded by CMS/HHS.

Of the \$168 million awarded to Maryland, \$20.1 million is subawarded from SORH to the Maryland Department of Labor (MD Labor)'s Division of Workforce Development and Adult Learning (DWDAL) to build a high-skilled healthcare workforce through two distinct RHTP funding streams: the Immediate Impact Fund (\$3,700,000); and Transformation Fund (\$16,400,000).² The purpose of these investments is to bolster and retain healthcare professionals who intend to build careers, lives, and families in Maryland's rural counties.

With the RHTP Transformation Fund, MD Labor launched the Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)* to train and retain mid-level and advanced practice professionals vital to rural communities.

Note: This policy governs Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)*, which is comprised of two distinct projects funded by the Transformation Fund, outlined below. A separate **MD Labor policy issuance** governs Labor's funding opportunity under the Immediate Impact Fund.

REGISTERED APPRENTICESHIP IN MARYLAND

The U.S. Registered Apprenticeship system is authorized through the National Apprenticeship Act of 1937. MD Labor's DWDAL serves as the "State Apprenticeship Agency" and, in consultation with the Maryland Apprenticeship and Training Council, is responsible for the following functions:

1. Registering apprenticeship programs that meet federal and State standards;
2. Issuing certificates of completion to Registered Apprentices;
3. Encouraging the development of new programs through outreach and technical assistance;
4. Protecting the safety and welfare of Registered Apprentices; and,
5. Assuring that all programs provide high-quality training.

In Maryland, Registered Apprenticeships are approved through the Maryland Apprenticeship and Training Council. More information on requirements for Registered Apprenticeships in Maryland is available at <http://www.labor.maryland.gov/employment/appr/>.

HIGH SCHOOL LEVEL OF REGISTERED APPRENTICESHIP

High School Level of Registered Apprenticeship (HSLRA) is a pathway into Registered Apprenticeship for high school juniors or seniors. Nationally, this model is sometimes called "School to Apprenticeship" or STA. HSLRA is designed to allow high school students to participate in a Registered Apprenticeship program while also completing high school. Participating students/apprentices receive Related Instruction directly from their high school system or from the Registered Apprenticeship Sponsor, as defined in the Standards

¹ H.R.1 - 119th Congress (2025-2026): An act to provide for reconciliation pursuant to title II of H. Con. Res. <https://www.congress.gov/bill/119th-congress/house-bill/1>

² MDH Rural Health Transformation Program: <https://health.maryland.gov/pophealth/Pages/Rural-Health-Transformation-Program.aspx>

of Apprenticeship. The apprentice begins their on-the-job learning (OJL) while in high school through paid work directly for the Sponsor or participating/signatory employer, completing at least 144 hours of Related Instruction and at least 250 hours of OJL prior to graduation. The apprentice must be properly registered with the MD Labor Office of Apprenticeship and receives full credit for Related Instruction and OJL hours/competencies accrued during the HSLRA portion of their Registered Apprenticeship. Upon graduation from high school, all apprentices can continue with their Registered Apprenticeship as full-time apprentices.

RHTP: Rural Incentives for Strengthening Employment in Healthcare (RISE)

Growing Maryland's existing rural healthcare workforce starts with investing in the dedicated professionals already serving these communities. Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE) Program* deploys resources to projects dedicated to the transformation of Maryland's rural communities by establishing a sustainable workforce ecosystem, with a framework to bolster and retain mid-level and advanced practice professionals currently residing in rural Maryland. By providing accessible continuing education, advanced certifications, and incentivizing localized residency programs, *RISE* will help rural clinicians expand their skills and advance their careers without leaving home. Upskilling current staff not only improves patient care, but also strengthens local retention and prevents burnout in underserved areas.

MD Labor will fund projects aimed at improving access to high quality innovation in healthcare delivery and management across 18 State-designated rural counties. Eligible counties can be found within **Attachment A: List of Eligible Counties** below. Successful applicants will propose plans that implement high-impact interventions aligned with the RHTP purpose and offer proven strategies to improve rural healthcare workforce shortages in specific target occupations. The period of performance is September 1, 2026 - September 30, 2027.

Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)* consists of two targeted projects:

1. *Rural Health Talent Pipelines* project is focused on supporting entities that will increase recruitment and training opportunities for healthcare and public health professionals in rural Maryland and build the bench strength of the rural health workforce, and,
2. *Rural Health Advanced Provider Pathways* project is focused on supporting entities that will expand training, recruitment, and retention strategies for rural Maryland physicians and advanced practice professionals.

The details in this section regarding eligible entities, prohibited use of funds, and the application process pertain to both RHTP RISE projects. Additional information about project-specific guidelines are in the two subsequent sections of this document.

ELIGIBLE ENTITIES

Applicants may apply for one or both projects under the Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)*. Eligible entities include:

- Local Workforce Development Boards;
- Local Health Departments;
- Hospital Organizations/Employers;
- Institutions of higher education;
- Training Providers;
- Local Education Agencies;
- Career and Technical Education (CTE) programs;
- Industry Associations;
- Registered Apprenticeship Sponsors;
- Local and regional economic development entities; and
- Other organizations as deemed allowable by MD Labor.

Applicants must operate in, or plan to expand to, counties wholly defined as "rural" in State statute³.

³ https://mgaleg.maryland.gov/2020RS/Statute_Google/gsf/2-207.pdf Md. Ann. Code, State Finance and Procurement Article 2-207(a)(7).

Applicants must be registered with the federal System for Award Management, sam.gov, at the time of their application. Applicants who are not registered will be ineligible for an award.

PROHIBITED USE OF FUNDS⁴

In accordance with requirements outlined by HHS/CMS, funds for both projects under RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)* shall not be used for any of the following:

1. Pre-award costs;
2. Purchasing property;
3. Construction or building expansion;
4. Matching requirements for other federal, state or local entities;
5. Services, equipment or supports that are the legal responsibility of another party;
6. Goods or services not allocable to the project;
7. Supplanting existing funding or staff salaries;
8. Research and development;
9. Telecommunication or video surveillance equipment;
10. Meals;
11. Lobbying or any related activities;
12. Administrative Costs exceeding 10% of the total requested funds;⁵ and
13. Other activities as defined in **Appendix A: Prohibited Use of Funds**.

MD Labor reserves the right to deny applications that include costs prohibited by HHS/CMS.

SERVICE COMMITMENT

Participants who receive direct financial support and/or training that leads to a certificate, credential, or degree with RHTP funding must commit to a 5-year service commitment in rural Maryland. Grantees will be responsible for tracking the fulfillment of the service commitment for participants and provide the names and contact information of individuals trained to MD Labor for monitoring (Note: MDH may enforce further requirements for tracking the fulfillment of the service commitment. Grantees must update procedures accordingly).

SUPPORTIVE SERVICES

MD Labor affirms that supportive services are a best practice for assisting participants with successful program completion and meaningful long-term employment. While some projects may focus on high-earning occupations, applicants must provide supportive services to participants, when needed, to ensure successful completion of the program. Applicants must provide information about their supportive service plan, including any necessary partnerships with community organizations to effectively provide these services. The supportive service examples noted below do not represent an exhaustive list. Applicants do not need to provide all services mentioned, but must provide comprehensive and individualized interventions. Supportive services may include, but are not limited to:

Assistance Obtaining a Driver's License

Grantees may assist participants with obtaining a driver's license, except for paying legal fees and/or

⁴ For guidance on additional restrictions or unallowable costs, see 2 CFR Part 200 Subpart E - General Provisions for Selected Items of Cost, and HHS-specific modifications as applicable in 2 CFR 300.

⁵ MD Labor defines administrative costs as: accounting, budgeting, financial and cash management; procurement and purchasing; property management; personnel management; payroll; audits, reviews, investigations and incident reports; general legal services; developing systems and procedures, including information systems, required for these administrative functions; fiscal agent responsibilities; oversight and monitoring responsibilities; costs of goods and services required for administrative functions of the program; travel costs incurred for official business in carrying out administrative activities; and, costs of information systems related to administrative functions. Administrative costs are capped at 10 percent of the total grant award pursuant to Section 71401 of Public Law 119-21.

fines. Examples of assistance may include payment for driver's education⁶ or the cost of getting the driver's license card.

Transportation Assistance

Transportation allowances are permissible for participants. The transportation allowance must be related to program participation and can cover the cost of traveling to and from training, job interviews, and job fairs, or, as support during the first two weeks of starting a new job. Transportation allowances require:

1. Documentation to verify the actual distance traveled and/or a receipt for the cost of the transportation service (e.g. public transit); and,
2. Confirmation of the participant's attendance for the program(s) that required travel.

Transportation allowances can be used for public transit users, drivers, and/or rideshare such as Uber, Lyft, or Zipcar⁷. Grantees must collect and maintain appropriate documentation to verify the participant's covered transportation allowance. For drivers, Grantees may approve a travel allowance at a rate no higher than the official Internal Revenue Service (IRS) mileage rate.

*Uniforms, Tools, and Related Equipment*⁸

Grantees may assist eligible participants with the costs of uniforms, tools, and/or equipment required for participation in approved training programs or new jobs. Examples of covered items include but are not limited to: scrubs and worker tools of the trade.

Grantees must base payments on the curriculum requirements of the training program or on the requirements of the participant's new, full-time job. Payments must be made based on the market value for uniforms, tools, and/or related equipment. Grantees must collect and maintain appropriate documentation to verify the participant's covered allowance.

Child or Dependent Care

When daycare costs for a child or dependent exceed the amount subsidized by the Local Departments of Social Services, Grantees may assist participants with the additional costs. To receive this payment, the dependent needing childcare or dependent care must be:

1. Under the age of 18;
2. Over the age of 18 and physically or mentally incapable of self-care;
3. A spouse who is physically or mentally incapable of self-care and has the same principal address of the program participant; or,
4. A parent who is physically or mentally incapable of self-care.

Grantees provide this supportive service payment to actively engaged program participants or to those who are in the first two weeks of new employment. Payments must be made based on the average cost of child or dependent care in the jurisdiction for which the participant is accessing care⁹. Payments may cover some, or all of, the costs of care. Grantees must only approve childcare or dependent costs

⁶ "Behind-the-Wheel" hours are eligible as long as they are included as part of the driver's education course.

⁷ Other forms of transportation assistance may be funded with MD Labor prior written approval.

⁸ Grantee shall receive prior written approval for any purchase of assets, excluding ordinary office supplies, unless such purchase is described in the Grantee's budget. Title to equipment purchased with grant funds having an acquisition cost of \$500 or more per unit and a useful life of more than one year (Capital Equipment) shall vest in MDH upon acquisition. All Capital Equipment purchased with grant funds shall be used primarily for grant activities and prior written approval is required for the use of equipment on a noninterference basis for other work of the Grantee. Upon termination of the grant, MDH shall determine what disposition shall be made of any Capital Equipment.

⁹ Local child care rates can be found here: <https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates>

for days that the participant is in training or at work.

To receive child care payments, the participant must complete ALL of the following steps:

1. Apply for a Purchase of Care Subsidy through the Local Departments of Social Services;
2. Provide application results to Grantee staff;
3. Provide proof that participant has contracted with a State-approved child care provider;
4. Demonstrate evidence of need; and,
5. Document relationship to person in care.

To receive dependent care payments, the participant must complete ALL of the following steps:

1. Provide legal proof of adult dependent's condition that constitutes the need for care;
2. Provide proof that participant has contracted with a State-approved dependent care provider;
3. Demonstrate evidence of need¹⁰; and,
4. Document relationship to person in care.

Union Initiation Fees

Grantees may assist participants with union initiation fees¹¹, which are the costs associated with joining a union, to obtain employment.

Grantees should make payments based on the costs of union initiation fees. The maximum allowable payment is \$200. Grantees must collect and maintain appropriate documentation (receipts or invoices) to verify the participant's covered union fee allowance.

Clothing for Interviews and Job Fairs

Grantees may assist participants with the costs associated with clothing for job interviews and/or job fairs. Grantees must collect and maintain appropriate documentation (receipts or invoices) to verify the participant's covered clothing allowance.

Grantees should base the supportive service payment on documentation of an upcoming interview or job fair. The payment must be made on the market value of the item.

Other Supportive Services

Recognizing the importance of providing innovative services to recruit and retain program participants, other supportive services may be funded with written MD Labor approval. If a Grantee has a substantiated reason to believe that a supportive service payment, outside of what has already been identified in this policy issuance, would be appropriate and necessary to a program participant's successful completion, then the Grantee has the option to notify MD Labor and provide a written proposal to justify the prospective supportive service. MD Labor staff will review the proposal and determine whether the cost is appropriate for inclusion as a supportive service.

Grantees must follow the payment guidelines identified by the Grantee in their MD Labor-approved proposal.

APPLICATION PROCESS

To apply for funding from Maryland RHTP: *Rural Incentives for Strengthening Employment in Healthcare (RISE)*, prospective applicants must submit all required documentation listed in the application located on MD Labor's website at <https://labor.maryland.gov/employment/wdrhpt.shtml>.

¹⁰ Need is demonstrated if after all other funding sources are applied, the cost of care is not covered.

¹¹ Union initiation fees are different from regular, recurring union fees.

Applications are due no later than 11:59 PM on Sunday, August 9, 2026.

MD Labor will not grant requests for extensions and will not consider applications received after the due date.

APPLICATION REVIEW

MD Labor will convene a review panel of subject matter experts to evaluate proposals for consideration of grant funding. The panel must ensure that selected proposals meet budgetary and programmatic requirements as outlined in this policy.

To ensure compliance with the Public Ethics law, MD Code Ann. Gen'l Provisions, Title 5, all staff who participate in discretionary grant reviews are required to complete the DWDAL Reviewer Confidentiality and Conflict of Interest Form. Should a conflict of interest exist, staff must recuse themselves from application review and if staff becomes aware that a conflict may exist during the process, that person must immediately notify the DWDAL Assistant Secretary.

APPLICATION APPROVAL/DENIAL

MD Labor will inform applicants via email of approvals or denials at the conclusion of the internal review process. If approved, OSI shall provide the applicant with a Grant Award to be signed by the applicant. If a grant application is denied, OSI shall provide the applicant with a Grant Denial Notification. A denied applicant may not request reconsideration of the decision. However, denied applicants are encouraged to reapply for future funds should they become available. MD Labor will provide unsuccessful applicants with feedback on how to improve future applications upon request.

Rural Health Talent Pipelines

The purpose of the *Rural Health Talent Pipelines* project is to increase recruitment and training opportunities for healthcare and public health professionals in rural Maryland and build the bench strength of the rural health workforce. The *Rural Health Talent Pipelines* project will support three categories of activities:

- career exploration and work-based learning,
- upskilling opportunities for incumbent workers,
- prepare entry-level professionals to advance and plan for long-term careers in healthcare, and
- programming that supports innovation and public health.

With up to \$7,500,000, the *Rural Health Talent Pipelines* project will promote growth of entry-level professionals in rural areas of the State.

Eligible applicants may apply for funding between \$250,000 and \$500,000. The period of performance is September 1, 2026 - September 30, 2027. Applicants must note that MD Labor is unable to provide an extension to the period of performance and expects organizations to fully expend their entire award during this timeframe to meet HHS/CMS expectations.

MD Labor will prioritize funding for eligible applicants whose program design will focus on at least one of the following occupations:

1. Central Processing Technician;
2. Magnetic Resonance Imaging (MRI) Technician;
3. Radiation Technologist;
4. Cardiovascular Technician;
5. Surgical Technician;
6. Patient Care Technician;
7. Pharmacy Technician;
8. Behavioral Health Technician;
9. Alcohol and Drug Trainee;
10. Emergency Medical Technicians and Paramedics;
11. Dental Assistants;
12. Healthcare Administration; and
13. Health Information Technology (HIT) careers.

Applicants must outline a detailed plan that includes one or multiple *Rural Health Talent Pipelines* allowable activities (detailed below). In addition to a project plan, applicants must provide [Labor Market Information](#) that supports the growth of their identified occupations and demonstrated capacity to ensure successful participant completion.

Allowable Activities

MD Labor allows grantees flexibility to utilize grant funds as needed to accomplish the goals of the *Rural Health Talent Pipelines* project for the above-identified occupations. Expenditures must be reasonable, allowable, and directly support the achievement of the RHTP required deliverables and intended outcomes. Applicants must outline all anticipated costs and their associated activities within the project proposal.

MD Labor has prioritized the following allowable activities for middle and high school students to be addressed through the *Rural Health Talent Pipelines* project. These include, but are not limited to:

1. Student Engagement for Middle and High School Students

- a. *Work-Based Learning*: HSLRA, internships, fellowships, High school fellowships, internships, HSLRA, and "earn-while-you-learn" models with participation stipends;
- b. *Accelerated Credentialing*: Programs enabling high school students to earn entry-level healthcare certifications prior to graduation;
- c. *Career Readiness*: Structured programming focused on professional soft skills and long-term career planning;
- d. *Early Career Awareness*: Outreach and education opportunities, including but not limited to career coaching, shadowing, and/or industry information sessions for parents/caregivers;
- e. *Mentorship Models*: Near-peer mentoring programs that connect students with nursing candidates, technicians, and recent healthcare graduates¹² (Note: Payments under this project can support costs associated with travel subsidies, transit costs, lodging, per diem payments, relocation expenses, and recruitment and retention incentives¹³);
- f. *Instructional Infrastructure*: Establishment of on-site simulation and skills labs¹⁴ within secondary schools, to complement the establishment or expansion of workforce programming (e.g. virtual skills labs); and
- g. *Educator Externships*: Specialized industry residencies for teachers and guidance counselors to align curricula with rural healthcare needs.

MD Labor has prioritized the following allowable activities for entry-level professionals through the *Rural Health Talent Pipelines* project. These include, but are not limited to:

1. Occupational Training and Upskilling:
 - a. Training opportunities for existing staff to transition into more advanced roles, with a focus on the priority occupations and populations outlined above;
2. Support for Registered Apprenticeship
 - a. Employer incentives that encourage participation and student hiring through the Registered Apprenticeship model, including supportive services for apprentices such as transportation assistance, uniforms, tools, childcare, or other family care expenses;
3. Professional Development and Recruitment
 - a. Recruitment strategies aimed at attracting staff representative of the cultures, languages, ages, and demographics shared by the local community;
 - b. Strategic recruitment and retention bonuses, pay-differentials, or other financial incentives for clinical instructors, with preference given to applicants supporting the development of the priority occupations outlined above; and
4. Department of Social and Civic Innovation (DSCI) Service Corps Partnerships:
 - a. Support for rural healthcare organizations to serve as Host Site Partners for the Maryland Corps and Service Year Option.

¹² Funds may not be used for clinician salaries that can otherwise be covered by insurance or other payers. See Appendix A: Prohibited Use of Funds for additional details.

¹³ <https://www.cms.gov/files/document/provider-payments-fact-sheet.pdf>

¹⁴ Recipient must request specific disposition instructions from CMS if the recipient has federally owned property. Otherwise, disposition instructions are here: [§ 200.313 Equipment](#) and [§ 200.314 Supplies](#). See also Footnote 8.

Rural Health Advanced Provider Pathways

Nurses and clinicians are the primary drivers of patient health outcomes and institutional success in Maryland's direct care settings. In rural areas, these professionals manage complex, chronic conditions locally; bridging massive gaps caused by geographic isolation. However, these areas face severe physician and advanced practice professional shortages, with regions like the Eastern Shore or Western Maryland, facing critical deficits across a variety of specialties. Many industry leaders attribute shortages in the State to the lack of community engagement, housing, availability of training opportunities and wages that are disproportionate to educational requirements.

Through the *Rural Health Advanced Provider Pathways* project, MD Labor encourages eligible entities to empower existing rural workers with better resources and competitive incentives to build a resilient, sustainable healthcare ecosystem rooted in the community. With \$7,500,000, the *Rural Health Advanced Provider Pathways* project provides incentives to retain advanced practice professionals across rural Maryland.

Eligible applicants may apply for up to \$500,000. The period of performance is September 1, 2026 - September 30, 2027. Applicants must note that MD Labor is unable to provide an extension to the period of performance and expects organizations to fully expend their entire award during this timeframe to meet HHS/CMS expectations.

MD Labor will prioritize funding for eligible applicants whose proposals focus on the following occupations:

1. Registered Nurses (RN);
2. Advanced Practice Nurses (APN);
3. Physician Assistants (PA);
4. Physicians; and,
5. Dentists.

Allowable Activities

Eligible applicants must submit a detailed plan that demonstrates ability to train, recruit and/or retain advanced practice professionals in rural counties within the period of performance. MD Labor allows grantees flexibility to utilize grant funds as needed to accomplish the goals of the *Rural Health Advanced Provider Pathways* project for the identified occupations, provided that all expenditures are reasonable, allowable, and directly support the achievement of the RHTP required deliverables and intended outcomes. Applicants must outline all anticipated costs and their associated activities within their project proposal.

MD Labor has prioritized the following allowable activities through the *Rural Health Advanced Provider Pathways* project. These include, but are not limited to:

1. Developing Rural Clinical Pipelines and Training:
 - a. *Immersive Rural Tracks*: Development of longitudinal curricula and "rural track" programs within health professional schools to place students in rural settings early and often;
 - b. *Interprofessional Training Hubs*: Creation of centralized, multi-disciplinary training hubs integrated with community-based education partnerships;
 - c. *Advanced Skill Simulation*: Telehealth training and high-acuity simulations to maintain provider competency and integrate technology; and
 - d. *Service-Linked Financial Support*: Implementation of training cost reductions or tuition offsets tied to specific rural service commitments.
2. Global Talent and Licensure Integration:

- a. *International Professional Integration*: Targeted recruitment and licensure navigation support for work-authorized, internationally-trained healthcare professionals committed to relocating to rural Maryland; and
 - b. *Preceptor Incentives*: Development and stipends to augment preceptor programs.
3. Recruitment, Retention, and Wellness:
- a. *Rural Roots Incentives*: Focus on retaining existing professionals and their families in rural MD, or incentivizing relocation for skilled professionals committed to returning home to rural MD. This could be accomplished through incentivizing “rural roots” via supportive services, including housing and relocation assistance, support to manage family care responsibilities, spousal employment placement for practitioners who are currently living in rural areas or those who are from rural areas and are looking to return home;
 - b. *Community Integration (“Welcome Teams”)*: Structured initiatives to connect new clinicians and their families with local schools, civic groups, and faith communities to foster long-term retention; and
 - c. *Clinician Resiliency*: Dedicated wellness initiatives and peer support networks designed to mitigate burnout and reduce professional isolation.

RISK ASSESSMENT

MD Labor prioritizes grantees' financial integrity and responsible stewardship of public funds. Applicants should be aware that the Department reserves the right to exclude any organization from consideration for funding if, through the Department's due diligence review, the organization is determined to pose a significant risk to the proper execution and oversight of the grant agreement. This assessment may involve a thorough review of the applicant's previous program and fiscal monitoring reports, public financial statements, audit reports, tax filings, organizational solvency, prior grant management history, compliance with any requirements of the State Department of Assessments and Taxation or other State agency, and any other relevant indicators. The goal of this process is to ensure that grant funds are awarded to organizations with the necessary financial stability and capacity to meet the programmatic and fiscal responsibilities outlined in the grant solicitation and subsequent agreement.

Organizations deemed to present an unacceptable financial risk, including but not limited to those with a history of material audit/monitoring findings, significant financial instability, pending litigation that threatens solvency, or a demonstrable inability to properly manage federal or State funds, may be deemed ineligible for an award, or the Department may otherwise take the entity's financial risk into account in administering grants or selecting grantees.

MD Labor may also take into consideration an organization's status concerning any current or past debts to the State of Maryland or the federal government, including but not limited to unpaid taxes or Unemployment Insurance obligations. Submission of an application constitutes the applicant's acknowledgment of this financial risk assessment policy and the applicant's commitment to provide all necessary and accurate financial documentation upon request to facilitate this determination. Failure to meet MD Labor's standards for financial responsibility may result in disqualification from the funding opportunity.

REPORTING, MONITORING, AND RECORD RETENTION

REPORTING

MD Labor requires grantees to submit quarterly programmatic and fiscal reports. Reports are due on the 10th of the month following the end of the quarter/month. Reports should be sent timely via email to the assigned MD Labor program manager.

Continued funding is conditional on the recipient's satisfactory performance and compliance. At any time, MD Labor can decrease, recover funding or terminate an award if the grantee fails to perform the requirement of the award.

Grantees are required to attest that Federal RHTP funds must serve rural communities and must supplement, not supplant, existing funding sources. Awardees must disclose any related funding sources that could potentially overlap with the proposed activities.

MONITORING

MD Labor, as it deems necessary, will monitor grantees, both fiscally and programmatically, on the terms under which this grant is awarded. However, failure of MD Labor to supervise, evaluate, or provide guidance and direction shall not relieve the grantee of any liability for failure to comply with the terms of the grant award.

RECORD RETENTION

Maryland law requires participating programs to retain grant fiscal records for at least five years. If any litigation, claim, or audit is started before the expiration of the five-year period, the records must be retained until five years after all litigation, claims, or audit findings involving the records have been resolved and final action has been taken.

All records, both electronic and physical, must be maintained in accordance with DWDAL's policy concerning privacy and data security.¹⁵ PII is participant-level and employee data that either by itself or combined with other data can link to a specific individual or identity.

When emailing documents containing PII, all grantees and MD Labor staff must use password-protection, encryption-preferred, strong authentication procedures, or other security controls to make the information unusable by unauthorized individuals. Physical records must be kept in locked offices or file rooms. If the file room is shared with other programs, and/or staff other than staff authorized for this program have access to that room, then the files must be maintained in locked cabinets.

All grantees are required to comply with the Department's Standard Operating Procedure (Appendix D) regarding the Prohibition of the Sale of Personal Information and the Dissuasion of the Resale of Personal Information and will be required to sign a data use agreement upon award

The Grantee shall put all appropriate regulatory, administrative, technical, and physical safeguards in place before applicable program activities begin to protect the privacy and security of individually identifiable health information. In doing so, regardless of whether it is a covered entity (CE) or business associate (BA) as those terms are defined under the HIPAA Privacy Rule, the recipient shall ensure its own and its subrecipients' and contractors' policies and procedures are at least as stringent (i.e., protective of privacy) as those governing the use and disclosure of protected health information by HIPAA CEs and their BAs under 45 CFR Part 160 and 45 CFR Part 164. The recipient and its subrecipients should consult with their own counsel and refer to the HIPAA guidance materials for further information about the requirements in 45 CFR Parts 160 and 164.

¹⁵ DWDAL's Policy Issuance on privacy and data security can be found here
[:https://www.labor.maryland.gov/employment/mpi/mpi4-19.pdf](https://www.labor.maryland.gov/employment/mpi/mpi4-19.pdf).

FAIR PRACTICES AND ACCESSIBILITY

It is MD Labor's policy that all persons have equal opportunity and access to services and facilities without regard to race, religion, color, sex, marital status, genetic information, age, national origin or ancestry (including Limited English Proficiency), disability, veteran status, political affiliation or belief, for the beneficiaries, applicants, and participants only, on the basis of citizenship status, or participation in a program or activity that receives financial assistance. Interested parties may refer to MD Labor's Nondiscrimination Plan and Language Access Plan for more information on accommodations and services.

REFERENCES

LAW

1. H.R.1 - 119th Congress (2025-2026): An act to provide for reconciliation pursuant to title II of H. Con. Res. 14. (2025, July 4). <https://www.congress.gov/bill/119th-congress/house-bill/1>
2. Md. Ann. Code, Labor and Emp. Art., Title 11, [Division of Workforce Development and Adult Learning](#).
3. Md. Ann. Code, State Fin. and Proc. Art. §2-207

REGULATION

1. 2 CFR §§[200](#), and 300 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;
2. [45 CFR 156.400](#)
3. [45 CFR Part 87](#)
4. 45 CFR Parts 160 and 164.
5. COMAR 09.33 *et seq.* [Job Service](#);
6. COMAR 09.12.42 [Equal Employment Opportunity](#);
7. COMAR .09.12.43 [Maryland Apprenticeship and Training](#); and,
8. COMAR 09.37.01 *et seq.* [Workforce Development and Adult Learning](#).

OTHER RESOURCES

1. [HHS Grants Policy Statement](#)
2. [DWDAL Policy Issuance Page](#);
3. [Language Access Plan](#);
4. [Maryland Local Plans](#);
5. [Maryland WIOA Combined State Plan](#);
6. [MD Labor’s Non-Discrimination Plan](#);
7. [MDH Rural Health Transformation Program](#);
8. [Maryland State Office of Rural Health](#);
9. [Maryland Overdose Data Dashboard](#);
10. [Maryland Eligible Training Provider List](#) and
11. [Maryland Addiction & Behavioral-Health Professionals Certification Board \(MABPCB\) Certified Peer Recovery Specialist](#).

Attachments

1. Attachment A: Maryland Counties Wholly Defined as Rural
2. Attachment B: Attachment B- RHTP: *RISE* Terms and Conditions
3. Attachment C- Standard Operating Procedure regarding the Prohibition of the Sale of Personal Information and the Dissuasion of the Resale of Personal Information

Appendices

1. Appendix A: Prohibited Use of Funds
2. Appendix B: Prohibition of the Sale of Personal Information and the Dissuasion of the Resale of Personal Information

Maryland Counties Wholly Defined as Rural
Allegany
Calvert
Caroline
Carroll
Cecil
Charles
Dorchester
Frederick
Garrett
Harford
Kent
Queen Anne's
St. Mary's
Somerset
Talbot
Washington

APPENDIX A: PROHIBITED USE OF FUNDS

Applicants must affirm they have read and understand the following Prohibited Use of Funds as required by HHS/CMS:

1. Pre-award costs;
2. To meet matching requirements for any other federal funds or local entities;
3. Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services;
4. Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law;
5. Goods or services not allocable to the project;
6. To supplant existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries;
7. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost;
8. The cost of independent research and development, including their proportionate share of indirect costs¹⁶;
9. Purchase of covered telecommunications and video surveillance equipment¹⁷ as well as financial assistance to households for installation and monthly broadband internet costs;
10. Meals, unless in limited circumstances such as:
 - Subjects and patients under study.
 - Where specifically approved as part of the project or program activity, such as in programs providing children's services.
 - As part of a per diem or subsistence allowance provided in conjunction with allowable travel;
11. Activities prohibited under 2 CFR 200.450¹⁸ and the HHS Grants Policy Statement¹⁹, including but not limited to:
 - Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant Recipient or agent acting for such Recipient for such activity.
 - Lobbying, but Recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.

Additionally, there are program specific limitations to the use of funds that may apply:

1. Construction. Funds may not be used for new construction. Funds also may not be used for the following:
 - To supplant funding for in process or planned construction projects or directing funding towards new construction builds.
 - Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.

¹⁶ [2 CFR 300.477](#)

¹⁷ [2 CFR 200.216](#)

¹⁸ [2 CFR 200.450](#)

¹⁹ [HHS Grants Policy Statement](#)

2. Minor Renovations or Alterations. Funds may be used for minor renovations or alterations if they are clearly linked to program goals and receive CMS prior approval²⁰.
3. Duplicate payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules. If the Recipient plans to fund direct health care services, the Recipient must justify why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. CMS will have final approval of whether proposed services are allowable.
 - Funding used for provider payments, defined in the NOFO²¹ as providing payments to health care providers for the provision of health care items or services, cannot exceed 15% of the total funding awarded to the Recipient in a given budget period.
 - Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure²² because that is beyond the scope of this program.
4. No more than 5% of total funding awarded to the Recipient in a given budget period can support funding the replacement of an Electronic Medical Record (EMR) system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
5. Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative”²³ cannot exceed the lesser of (1) 10% of total funding awarded to the Recipient in a given budget period or (2) \$20M of total funding awarded to the Recipient in a given budget period. Funding is subject to all restrictions and requirements described in the example initiative.
6. Funds may not be used for clinician salaries. Funds also may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations. This applies only to salaries and wages funded by the cooperative agreement award through an approved initiative described in the approved application.
7. None of the funding shall be used by the Recipient for an expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.
8. SSA 2105(c), paragraphs (1), (7), and (9)²⁴ apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

²⁰ See [NOFO](#), Program requirements and expectations, Use of Funds (pages 11-13), and Program-specific limitations, Unallowable Costs (pages 19-20). Funding used for renovation or alterations cannot exceed 20% of the total funding awarded to the Recipient in each budget period.

²¹ See RHTP [NOFO](#).

²² [45 CFR 156.400](#)

²³ See NOFO Appendix (pages 115-118).

²⁴ https://www.ssa.gov/OP_Home/ssact/title21/2105.htm

APPENDIX B: PROHIBITION OF THE SALE OF PERSONAL INFORMATION AND THE DISSUASION OF THE RESALE OF PERSONAL INFORMATION

Standard Operating Procedure regarding the Prohibition of the Sale of Personal Information and the Dissuasion of the Resale of Personal Information

PURPOSE

These Standard Operating Procedures (SOP) establish the Maryland Department of Labor's (MD Labor) responsibilities and procedures to prevent the sale and redisclosure of personal records and geolocation data in a manner that harms the privacy of Maryland residents; implement contractual and operational controls addressing data broker risks, secondary use, and sensitive data; and ensure conformance with **DoIT Standard MD-STD-315-PT-01** on PI_PII and Transparency. These SOPs are adopted to satisfy State Gov't Article, § 10-1702, and to align with applicable Maryland and federal privacy requirements, including restrictions on disclosure, purpose limitation, and prohibitions on monetization or commercial use absent lawful authority or valid consent.

Last Updated: These procedures were last updated on: 06/28/2026

BACKGROUND and SCOPE

Background

1. State Gov Article § 10-1702 https://mgaleg.maryland.gov/2026RS/Statute_Google/gsg/10-1702.pdf requires each governmental entity to develop and publish procedures to prevent the sale and redisclosure of personal records and geolocation data to address contractual limitations, data broker threats, secondary uses, and sensitive data considerations.
2. **DoIT Standard 315-PT-01 on PI_PII and Transparency** establishes statewide standards for processing PII including purpose specification, consent, privacy notice, special handling of SSNs and other sensitive categories, and procurement controls that prohibit monetization and restrict secondary use to include privacy practice principles that protect PI contractually and dissuade the use of personal record information.

Agencies that follow the DoIT 315 Standard will only maintain the minimum amount of personal information necessary to perform a purpose for which an individual provided their personal information and consented to.

The DoIT 315 Standard states that:

The State does not sell PI/PII. The Maryland Data Privacy and Protection Act of 2026 expanded the definition of "personal information" to include "sensitive data" to protect Data Subjects from potential harm to their privacy resulting from the release of their sensitive data without consent. Third parties authorized to process PI/PII to perform a contracted service for the State are prohibited from redisclosing or monetizing PI/PII without explicit Data Subject consent. Further,

consistent application of the Fair Information Privacy Practices (FIPPS), particularly for PI/PII collection, retention, and disclosure, is the most effective way for agencies to prevent the resale or redisclosure of PI/PII as required by MD State Govt. Article, § 10-1702.

Scope

- These procedures apply to all MD Labor offices and divisions; all information systems and records administered by MD Labor; and all contractors, vendors, processors, sub-processors, grantees and other third parties that access, receive or process personal records, geolocation data or PII on behalf of MD Labor.

DEFINITIONS

Personally Identifiable Information (PII)

1. PII means information that identifies, relates to, or is reasonably linkable to an identified or identifiable individual, consistent with MD-STD-315-PT-01 and applicable Maryland law.
2. Categories of PII include, without limitation, names, contact information, government identifiers (e.g. SSNs, drivers license numbers, etc.), geolocation data, and any data elements that, alone or in combination, can identify a person.

Personal Information (PI)

1. PI refers to an individual, including elements defined by Maryland law as triggering special protections, and includes combinations of identifiers with data elements such as SSNs, financial account numbers, or health-related information.
2. For the purposes of these SOPs, PI is treated as a subset of PII with heightened restrictions for sensitive data elements.

Personal Record

1. Personal record has the meaning stated in General Provisions Article § 4-501 and includes records about an individual that are maintained by a governmental entity.

Program Owner

1. The MD Labor employee designated as accountable for a specific program, system or service that processes personal records, geolocation data, PI or PII. The Program Owner is responsible for defining and documenting the program's purpose(s) for processing; ensuring data minimization and appropriate access controls; coordinating with the CPO/CDO/COP on privacy reviews, DUAs, and change management; and ensuring retention/destruction requirements are implemented for the program.

Geolocation Data

1. Geolocation data means data that identifies the physical location of an individual or device with reasonable specificity.

Sale and Redisclosure

1. Sale means transferring personal records, geolocation data, PI or PII for monetary or other valuable consideration.
2. Redisclosure means any disclosure beyond the original authorized disclosure, including sharing with affiliates, data brokers or sub-processors for purposes other than the authorized purpose.

Data Broker

1. Data broker means any commercial entity that collects, assembles, or maintains personal records, geolocation data, PI, or PII about individuals and sells, licenses, or otherwise provides that data to third parties.

Sensitive Data

1. Sensitive data includes Social Security numbers, precise geolocation, genetic data and other data categories identified as sensitive by law or policy.

REVIEW and UPDATE FREQUENCY

Any change to this SOP must be synchronized with the **MD-STD-315 PI_PII & Transparency** to ensure conformance. This SOP must be reviewed at least **every three years**, or sooner as changes in law, standards, risks, or DoIT policies.