



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



Rural Health Transformation Program (RHTP): Pathways to Health Careers Policy | July 10, 2026

TO Division of Workforce Development and Adult Learning (DWDAL) staff and RHTP: *Pathways to Health Careers* applicants, grantees, and subgrantees.

FROM DWDAL Maryland Department of Labor (MD Labor)

SUBJECT Rural Health Transformation Program (RHTP): *Pathways to Health Careers*

PURPOSE To provide policy guidance on the RHTP: *Pathways to Health Careers*

ACTION To provide policy guidance on the RHTP: *Pathways to Health Careers*. 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
		laurene.gilwee@maryland.gov

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

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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 workforce, MD Labor is launching the Maryland Rural Health Transformation Program (RHTP): *Pathways to Health Careers*. This initiative is powered by \$20.1 million sub-awarded to MD Labor from a larger \$168 million federal RHTP grant, focusing on immediate impact through two primary components: the *Rural Healthcare Registered Apprenticeship Intermediaries Program* and *Rural Advancement for Maryland Peers (RAMP)-Allied Health*.

The program aims to establish and expand Registered Apprenticeships and allied health career pathways across 18 designated rural counties. By fostering 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

MARYLAND 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 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 Maryland RHTP Immediate Impact Fund, MD Labor launched RHTP: *Pathways to Health Careers* to quickly deploy and expand effective workforce development activities in rural Maryland.

Note: This policy governs Maryland RHTP: *Pathways to Health Careers*, which is comprised of two distinct projects funded by the Immediate Impact Fund, outlined below. A separate MD Labor **policy issuance** governs MD Labor's funding opportunity under the Transformation 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

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

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 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.

MARYLAND RURAL HEALTH TRANSFORMATION PROGRAM: PATHWAYS TO HEALTH CAREERS

Through Maryland RHTP: *Pathways to Health Careers*, MD Labor is committed to deploying resources to rural Maryland for projects poised for swift implementation by established workforce development entities to administer activities within the period of performance. MD Labor's *Pathways to Health Careers* funds projects aimed at improving access to high quality innovation in healthcare delivery 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 Maryland RHTP purpose.

Maryland RHTP: *Pathways to Health Careers* consists of two targeted projects, both of which are expansions of existing MD Labor efforts:

1. *Rural Healthcare Apprenticeship Intermediaries Program* is focused on supporting organizations that can effectively serve as a central hub for Registered Apprenticeship sponsors, employers, and education providers to build apprenticeships in mid-level technician and/or allied health positions; and,
2. *RAMP-Allied Health* is focused on helping more Marylanders in rural communities access allied health support by alleviating the shortage of allied health professionals in rural Maryland through programming that removes financial barriers tied to training, supportive service services, and credentialing.

The details in this section regarding eligible entities, prohibited use of funds, and the application process pertain to both Maryland RHTP Pathways to Health Careers 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 Maryland RHTP: *Pathways to Health Careers*. Eligible entities include:

- Local Workforce Development Boards;
- Local Health Departments;
- Hospital Organizations;
- 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 statute.³

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 to receive an award.

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

PROHIBITED USE OF FUNDS⁴

In accordance with requirements outlined by HHS/CMS, MD Labor prohibits Maryland RHTP: *Pathways to Health Careers* funding 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 funding⁵ or staff salaries;
8. Research and development;
9. Telecommunication or video surveillance equipment;
10. Meals;
11. Lobbying or any related activities; and
12. 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).

APPLICATION PROCESS

To apply for funding from Maryland RHTP: *Pathways to Health Careers*, prospective applicants must submit all required documentation listed in the application located on MD Labor's website at <https://labor.maryland.gov/employment/wdrhtp.shtml>.

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 funding consideration. 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.

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 Applicants must complete and submit **Appendix B: Attestation and Funding Assessment Form** with their application

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 HEALTHCARE REGISTERED APPRENTICESHIP INTERMEDIARIES PROGRAM

Registered Apprenticeship Intermediaries offer expertise to help employers and organizations successfully launch, promote, and expand Registered Apprenticeship programs in non-traditional industries, such as healthcare. These partners are uniquely positioned to increase awareness through industry outreach, connect employers and labor organizations with workforce and education partners, and provide technical assistance to launch and expand Registered Apprenticeship programs. Intermediaries are able to help Sponsors augment and refine recruiting, hiring, and retention strategies to increase access to Registered Apprenticeship opportunities. Effective apprenticeship intermediaries help manage administrative and related activities for participating businesses, which can better allow individual employers to focus their primary attention on core business operations, while still developing a skilled workforce through apprenticeship pathways.

With \$2,000,000, the *Rural Healthcare Apprenticeship Intermediaries Program* will promote the growth of allied health occupations in rural areas of the State through awards to qualified Registered Apprenticeship Intermediaries.

Eligible applicants may apply for up to \$400,000.⁶ The period of performance is September 1, 2026 - September 30, 2027. 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 that will expand or build Registered Apprenticeship programs in at least one of the following occupations:

- Central Sterile Processing Technician;
- Magnetic Resonance Imaging (MRI) Technician;
- Radiation Technologist;
- Cardiovascular Technician;
- Surgical Technician;
- Behavioral Health Technician;
- Patient Care Technician;
- Community Health workers (CHWs);
- Certified Nursing Assistants (CNAs);
- Certified Peer Recovery Specialists (CPRS);
- Alcohol and Drug Counselors; and
- Emergency Medical Technicians (EMTs) and Paramedics.

⁶ In February 2026, the MD Labor launched the Industry Apprenticeship Accelerator (IAA). The Department reserves the right to use RHTP funds to support qualified IAA applicants focused on rural healthcare apprenticeships who did not receive IAA funding due to budget constraints. Applicants who applied for the IAA may be notified and offered this opportunity by the Office of Strategic Initiatives.

Allowable Activities

Applicants must demonstrate their commitment to expanding or building upon existing healthcare Registered Apprenticeship or Registered Apprenticeship Intermediary programs in rural areas of the State through their project design. Examples of *Rural Healthcare Registered Apprenticeship Intermediaries Program* grant activities include, but are not limited to:

1. Identifying existing healthcare apprenticeship programs poised for expansion;
2. Identifying in-demand apprenticeable healthcare occupations;
3. Helping programs develop or revise standards, occupation-specific OJL, and Related Instruction materials;
4. Identifying training partners and providers;
5. Supporting programs to secure approval by the Maryland Apprenticeship and Training Council for apprenticeship program registration;
6. Helping programs onboard and/or recruit new employers into apprenticeship program(s);
7. Providing technical assistance to employers to utilize Registered Apprenticeship as a tool for recruitment and to redesign career pathways to maximize the number of Registered Apprentices;
8. Supporting Sponsors and employers to register apprentices into the program; and,
9. Helping programs track and support apprentices through completion, as appropriate and applicable.

Allowable Use of Funds

MD Labor allows grantees flexibility to use *Rural Healthcare Registered Apprenticeship Intermediaries Program* funds as needed to accomplish the goals of the Program, provided that all expenditures are reasonable, allowable, and directly support the achievement of required deliverables and intended outcomes. Prospective applicants must outline all anticipated costs, associated activities, and outcomes within their project proposal.

Examples of allowable use of funds include, but are not limited to:

1. Intermediary Program Staffing;⁷
2. Administrative Costs;⁸
3. Recruitment and Outreach;
4. Curriculum Development;
5. Employer Convenings; and
6. Other costs as approved in writing by MD Labor.

⁷ Funds may not be used for clinician salaries that can otherwise be covered by insurance payers. See Appendix A: Prohibited Use of Funds for additional details.

⁸ 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, and indirect costs such as rent, electric, management services, etc.. Administrative costs are capped at 10 percent of the total grant award pursuant to Section 71401 of Public Law 119-21.

RURAL ADVANCEMENT FOR MARYLAND PEERS - ALLIED HEALTH

The goal of *Rural Advancement for Maryland Peers - Allied Health (RAMP-AH)* is to expand upon MD Labor's existing Rural Advancement for Maryland Peers (RAMP) program.⁹ MD Labor's RAMP program was designed to alleviate the shortage of Certified Peer Recovery Specialists (CPRS) in rural areas of the State. Eligible entities offer the necessary training for prospective peers to become certified in the State of Maryland and grow opportunities for the advancement of mid-level behavioral health roles.

Under RHTP, MD Labor has allocated \$1,700,000 to expand the RAMP program to allied health careers, including a focus on the following occupations:

- Community Health Workers (CHWs);
- Certified Nursing Assistants (CNAs);
- Patient Navigators;
- Psychiatric Aides and Technicians;
- Direct Support Professionals (DSPs);
- Home Health and Personal Care Aides;
- Certified Peer Recovery Specialists (CPRS); and
- Other healthcare occupations for which applicants can demonstrate demand via labor market analysis.

Allowable Use of Funds

MD Labor allows grantees flexibility to use *RAMP-AH* funds as needed to accomplish the goals of the Program, provided that all expenditures are reasonable, allowable, and directly support the achievement of required deliverables and intended outcomes. Prospective applicants must outline all anticipated costs, associated activities, and outcomes within their project proposal.

Eligible applicants may apply for up to \$200,000. 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.

Certification and Examination

The primary purpose of *RAMP-AH* is to increase the number of qualified, credentialed allied health professionals in rural Maryland. To achieve this, applicants must demonstrate that funding will cover the full cost of expenses related to training, materials, examination fees, and certification/licensing costs for the occupations listed above. Applicants are encouraged to leverage other funding sources, where appropriate, to remove financial barriers to employment in these occupations.

Supportive Services

MD Labor affirms that supportive services are a best practice for assisting participants with successful program completion and meaningful long-term employment. 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 support that enables participants to successfully complete their program. Supportive services may include, but are not limited to:

⁹More information regarding MD Labor's RAMP program can be found here:
<https://www.labor.maryland.gov/employment/mpi/mpi11-25.pdf>

Assistance Obtaining a Driver's License

Grantees may assist participants with obtaining a driver's license, except for paying legal fees and/or fines. Examples of assistance may include payment for driver's education¹⁰ 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:

- Documentation to verify the actual distance traveled and/or a receipt for the cost of the transportation service (e.g. public transit); and,
- 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 Zipcar¹¹. 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 Equipment¹²

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

¹⁰ "Behind-the-Wheel" hours are eligible as long as they are included as part of the driver's education course.

¹¹ Other forms of transportation assistance may be funded with MD Labor prior written approval.

¹² 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.

cost of child or dependent care in the jurisdiction for which the participant is accessing care¹³. Payments may cover some, or all of, the costs of care. Grantees must only approve childcare or dependent costs 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 need¹⁴; and,
4. Document relationship to person in care.

Union Initiation Fees

Grantees may assist participants with union initiation fees¹⁵, 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.

¹³ Local child care rates can be found here: <https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates>

¹⁴ Need is demonstrated if after all other funding sources are applied, the cost of care is not covered.

¹⁵ Union initiation fees are different from regular, recurring union fees.

RISK ASSESSMENT

MD Labor prioritizes grantees' financial integrity and responsible stewardship of public funds. Applicants must 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 agencies, 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 both *Rural Health Registered Apprenticeship Intermediaries* and *RAMP-AH* awardees 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 staff.

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 a grantee fails to perform this 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

Federal law requires that grantees must retain all **Federal award** records for five years from the date of submission of their final financial report or the grantee's obligation to monitor participants' fulfillment of the service commitment, whichever is later. 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.¹⁶ 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)

¹⁶ DWDAL's Policy Issuance on privacy and data security can be found here:
<https://www.labor.maryland.gov/employment/mpi/mpi4-19.pdf>

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.

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- RHTP: *Pathways to Health Careers* Grantee Terms and Agreement
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: Attestation and Funding Assessment Form

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
Wicomico
Worcester

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. Purchasing property;
3. To meet matching requirements for any other federal funds or local entities;
4. 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;
5. 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;
6. Goods or services not allocable to the project;
7. To supplant existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries;
8. 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;
9. The cost of independent research and development, including their proportionate share of indirect costs¹⁷;
10. Purchase of covered telecommunications and video surveillance equipment¹⁸, as well as financial assistance to households for installation and monthly broadband internet costs;
11. Meals, unless in limited circumstances such as:
 - a. Subjects and patients under study.
 - b. Where specifically approved as part of the project or program activity, such as in programs providing children's services.
 - c. As part of a per diem or subsistence allowance provided in conjunction with allowable travel;
12. Activities prohibited under 2 CFR 200.450¹⁹ and the HHS Grants Policy Statement²⁰, including but not limited to:
 - a. 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.
 - b. 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:
 - a. To supplant funding for in process or planned construction projects or directing funding towards new construction builds.

¹⁷ [2 CFR 300.477](#)

¹⁸ [2 CFR 200.216](#)

¹⁹ [2 CFR 200.450](#)

²⁰ [HHS Grants Policy Statement](#)

- b. 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.
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 approval.²¹
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.
 - a. Funding used for provider payments, defined in the NOFO²² 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.
 - b. Funding cannot be used for initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure²³ 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”²⁴ 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) apply as funding limitations²⁵. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.

²¹ 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.

²² See RHTP [NOFO](#).

²³ [45 CFR 156.400](#)

²⁴ See NOFO Appendix (pages 115-118).

²⁵ 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.