



# Informational Webinar

# MHCC Request for Applications

Maryland Rural Health Transformation Program (RHTP)  
Grant Funding to Expand Access to Primary Care in Rural  
Maryland

MAY 11, 2026

# CMS Funding Statement



The Maryland Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the Maryland Department of Health (MDH) totaling \$168,180,837.61 with 100 percent funded by CMS/HHS.

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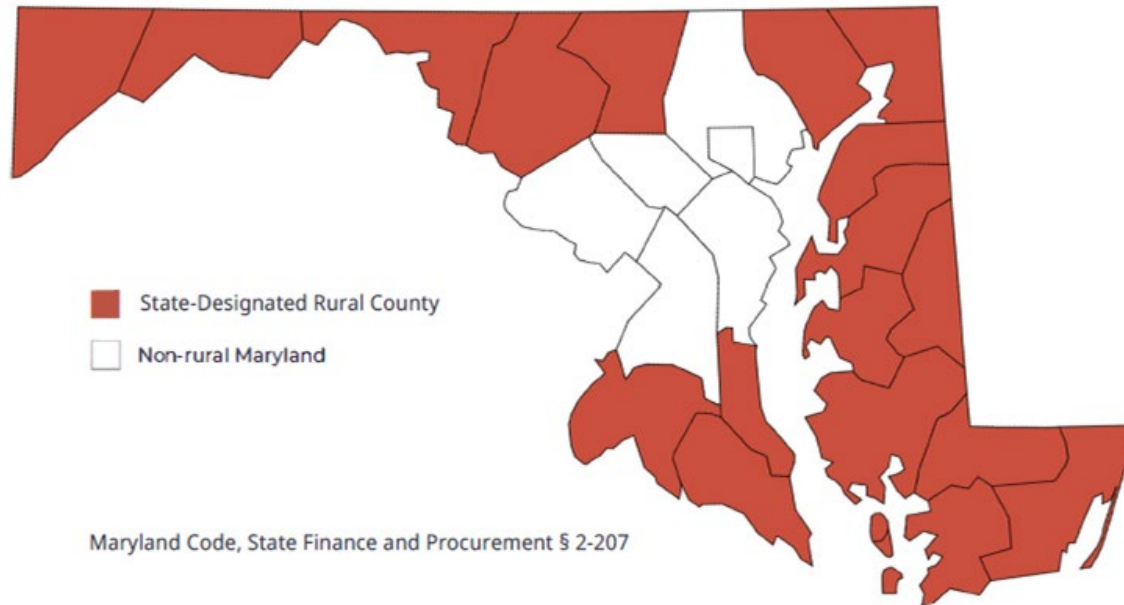
# Maryland RHTP Overview

# Overview



- ▶ The RHTP was authorized by H.R. 1 (Section 71401 of Public Law 119-21) in 2025 to empower states to strengthen rural communities across America
  - The RHTP is a federal \$50B, five-year grant program that aims to transform the health care delivery ecosystem by improving health care access, quality, and outcomes
- ▶ On December 29, 2025, MDH received \$168M for the first budget period of the program (annual funding is subject to the availability of federal funds)
- ▶ MDH has established strategic partnerships with State agencies and rural stakeholders to shape, implement, and evaluate program strategies
- ▶ MDH has allocated \$6.3M in Maryland RHTP funding to MHCC to establish and expand primary care services in rural communities

# Rural Counties



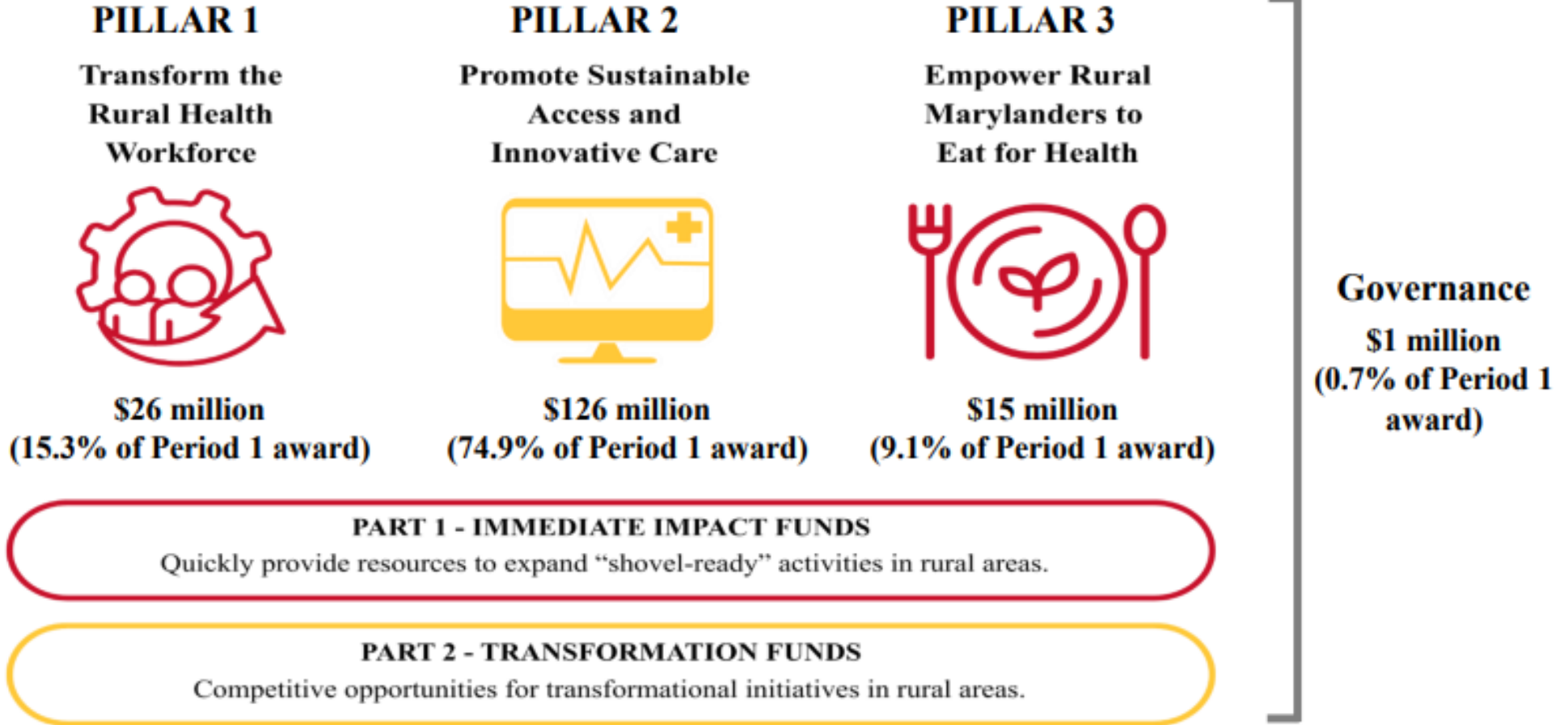
- ▶ Maryland law recognizes 18 of 24 counties as rural, representing about 1.4M residents
  - Includes Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester



# **Maryland RHTP**

## **Key Goals and Pillars**

# Maryland RHTP Pillars



# Key Goals



- ▶ Support rural health innovations and new access points to promote preventative health and address root causes of diseases
- ▶ Help rural providers become long-term access points for care by improving efficiency and sustainability
- ▶ Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements
- ▶ Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients



# MHCC's Role, Responsibilities, and Milestones

# Scope of Work – Key Tasks



- ▶ Support the establishment and expansion of primary care practices in rural communities (Pillar 2)
  - Develop, release, and promote a Request for Application (RFA)
    - Eligible organizations include existing or newly-established primary care practices, Federally Qualified Health Centers, employers or local governments willing to sponsor an advanced primary care practice
  - Manage a transparent RFA review and selection process
  - Provide technical guidance to awardees, monitor progress toward creating new primary care access points, and ensure that funded activities minimally address the community needs outlined in the RFA
  - Work with MDH to guide awardees in building the capabilities required for participation in PC AHEAD, MDPCP-AHEAD, Maryland Medicaid's Advanced Primary Care Program, and billing for other advanced primary care services

# Why This Matters



- ▶ Research finds that increased investment in primary care improves access to care and health outcomes
  - The only specialty in which increased supply results in lower mortality and more equitable health outcomes
- ▶ Historically, underinvestment has led to workforce shortages and limited access to quality care, which undermines population health and increases health system costs
  - Rural communities face higher rates of provider shortages, delayed diagnoses, and higher burdens of chronic disease
- ▶ Maryland RHTP funding will strengthen efforts to expand access in underserved rural communities, helping improve chronic disease management and reduce avoidable hospitalizations
- ▶ *Source: National Academies of Sciences, Engineering, and Medicine. Implementing High-Quality Primary Care: Rebuilding The Foundation of Health Care. Washington, DC: The National Academies Press, 2021. <https://nap.nationalacademies.org/catalog/25983/implementinghigh-quality-primary-care-rebuilding-the-foundation-of-health>. Accessed April 1, 2026.*

# Milestones



Task	Month/Date
MHCC releases RFA	May 4, 2026
Q&A – Opportunity for potential applicants to clarify program requirements, application procedures, and expectations for grant activities	May 11, 2026
Submission deadline	June 1, 2026
Evaluation Committee reviews all applications	June-July 2026
MHCC notifies applicants about award decisions	July 2026
Grant commences	August 2026
Period 1 grant fund spending period concludes	September 30, 2027

# Awards



- ▶ Up to 15 grants will be competitively awarded based on available funds
  - Award amounts may vary based on need and scope of the proposed project, with a maximum of \$1.6M for a single award
- ▶ Award decisions will prioritize applicants that demonstrate readiness to establish or expand primary care services in rural communities with a focus on operational capacity, workforce planning, and timely implementation

# Sustainability



- ▶ The RFA encourages use of billing codes for management and integration services that support advanced primary care by addressing medical, behavioral, and social needs through coordinated, team-based approaches, such as:
  - Advanced Primary Care Management (APCM), Collaborative Care Model (CoCM), Behavioral Health Integration (BHI), Community Health Integration (CHI), and Principal Illness Navigation (PIN)
    - APCM code consolidates multiple care-management activities into a single monthly payment, reducing administrative burden and allowing practices to focus on meaningful patient care rather than time-tracking
  - Applicants are encouraged to also join value-based care models that sustain funding and promote high quality care, such as the MDPCP and PC AHEAD advanced primary care models and accountable care organization (ACO) models

# MHCC Program Monitoring



- ▶ Awardees must demonstrate fidelity to their approved proposal
- ▶ Awardees will be requested to submit updates on the number of patients served
- ▶ Staff will offer technical guidance to awardees, monitor the net increase in primary care capacity within targeted geographic focus areas, and verify that expenditures align with the approved budget

# Terms and Conditions



- ▶ All partners and sub-awardees of Maryland’s RHTP cooperative agreement with CMS must agree to and comply with Maryland RHTP terms and conditions included in:
  - [CMS Notice of Funding Opportunity \(NOFO\)](#)
  - [CMS NOFO - Frequently Asked Questions](#)
  - [Maryland Notice of Award Terms and Conditions](#)
  - [CMS RHTP Frequently Asked Questions—April 2026](#)



# Frequently Asked Questions (FAQs)

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# What is the RHTP?



The RHTP was authorized in 2025 under federal law (H.R. 1, Section 71401 of Public Law 119-21) and provides \$50 billion to help states strengthen rural communities by improving health care access, quality, and outcomes. The State of Maryland was awarded \$168 million for the first year of the RHTP. The Maryland Department of Health (MDH) has established strategic partnerships with State agencies and rural stakeholders to shape, implement, and evaluate program strategies.

# Who is eligible to apply for MHCC's Grant Program?



Eligible applicants include existing or newly-established primary care practices, Federally Qualified Health Centers, and organizations, such as employers or local governments that are willing to sponsor an advanced primary care practice.

# Does the new or expanded practice location need to be in a rural area?



Yes, the new or expanded practice location must be in at least one designated rural area. The practice or organization applying for the grant does not need to be currently located in a rural area.

# How are rural areas defined?



- ▶ Maryland law recognizes 18 of 24 counties as rural, representing about 1.4M residents
  - Includes Allegany, Calvert, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Garrett, Harford, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Washington, Wicomico, and Worcester

# Does participation in other care delivery models affect eligibility?



No, participation in programs such as AHEAD PC, MDPCP-AHEAD, Medicaid Advanced Primary Care, or ACO programs does not limit eligibility. Practices already enrolled in these programs are expected to maintain participation.

# Are partnerships or sponsorships allowed?



Yes, applicants may partner with or be sponsored by organizations with relevant experience, including employers, local governments, or community-based organizations.

# What are the spending deadlines?



The \$6.3 million in funds delegated to MHCC must be obligated by October 30, 2026, and spent by September 30, 2027.

# Will funding be available beyond the first year?



Additional funding is not guaranteed and will depend on the availability of federal funds and program performance.

# How can grant funds be used?



Funds can be used to support personnel, technology, and operational infrastructure needed to start or expand primary care services in rural communities.

# Can grant funds replace billing revenue?



No, funds are intended to support grant activities and are not a substitute for billing and reimbursement processes. Practices are expected to continue billing all payers, as appropriate.

# What types of infrastructure investments are allowed?



- ▶ Examples include, but are not limited to:
  - Funding care coordinators, care managers, behavioral health care managers, psychiatric consultants, community health workers, patient navigators, and peer-support workers
  - Implementing telehealth platforms, secure messaging, patient portals, and electronic health record upgrades
  - Technology to support care planning, consent tracking, data exchange, and quality reporting
  - Tools to link practices with community-based organizations
  - Minor renovations or office space build-out

# Can applicants use bundled service codes if supported by a payer?



Yes, applicants are encouraged to use bundled billing codes, such as Advanced Primary Care Management (APCM) services, Collaborative Care Model (CoCM), and Community Health Integration (CHI) Services to support the delivery of advanced primary care and promote long-term sustainability. Certain services may be subject to cost sharing, and practices are encouraged to consult with payers regarding any applicable requirements.

# What must be submitted for a complete application?



- ▶ Applicants must submit:
  - A completed application using the Application Template in the RFA
  - A completed Financial Worksheet using the template in the RFA
  - All required supporting documentation
- ▶ Applications that do not follow the required templates will be considered incomplete and may affect scoring.

# When is the application due?



Applications and all supporting documentation must be submitted to [mhcc.grants@maryland.gov](mailto:mhcc.grants@maryland.gov) by 5:00 PM ET on June 1, 2026.

# How will applications be scored?



An MHCC-convened review committee will score the applications across the six criteria totaling 100 points. Award decisions made by MHCC are final and are not subject to appeal.

# What should be included in the organizational background?



- ▶ Applicants should highlight:
  - Experience delivering high-quality primary care
  - Participation in value-based care or patient-centered medical home programs within the past three years
  - Experience opening new or expanding existing primary care practices
  - Relevant partnerships or sponsorships

# What is expected in the community needs section?



- ▶ Applicants should demonstrate:
  - Increased access to primary care, including how many rural residents are expected to be newly served
  - Understanding of local health and social needs
  - Past community engagements
  - Partnerships with local organizations
  - Experience working in the defined geographic area or a similar environment

# What should be included regarding care team recruitment and oversight?



- ▶ Applicants should describe:
  - Strategies for recruiting, hiring, and training an interdisciplinary care team
  - Workflow integration
  - Continuous quality improvement process
  - Oversight by clinical and administrative leaders
  - Performance monitoring and coaching



# What level of detail is required in the budget?

- ▶ Applicants must provide:
  - A detailed projection of Year 1 operational, staffing, technology, and administrative costs
  - Justification for each cost
  - Alignment between expenditures and program goals



# What should be included in the plan to expand primary care access?

- ▶ Applicants should describe:
  - Strategies to increase provider and care team capacity to serve more rural Marylanders
  - Approaches to improve appointment availability
  - Plans to enhance service delivery
  - A workplan for recruiting and retaining clinicians
  - A commitment to bringing new clinicians into Maryland

# How should applicants address sustainability?



- ▶ Applicants must explain:
  - How start-up investments could be sustained through billing for [Advanced Primary Care Management \(APCM\)](#), [Collaborative Care Model \(CoCM\)](#), [Behavioral Health Integration \(BHI\)](#), [Community Health Integration \(CHI\)](#), or [Principal Illness Navigation \(PIN\)](#) services
  - How participation in value-based care models, such as the [Maryland Primary Care Program \(MDPCP-AHEAD\)](#), [Primary Care AHEAD](#), and [Accountable Care Organization](#) programs could support long-term viability

# What will MHCC monitor during the program?



- ▶ MHCC will monitor:
  - Increases in primary care capacity
  - Progress toward process measures
  - Alignment of expenditures with the approved budget

# What happens if an awardee does not meet program requirements?



- ▶ The MHCC may:
  - Require a corrective action plan
  - Reduce the funding award
  - Recoup all or a certain amount of funds expended
  - Remove an awardee from the grant program

# When does the grant program start?



- ▶ The proposed start date of the grant program is August 1, 2026.

# Who should I contact with additional questions?



- ▶ Additional questions may be directed to [mhcc.grants@maryland.gov](mailto:mhcc.grants@maryland.gov).

# Questions?





# Contact Information

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[mhcc.maryland.gov](http://mhcc.maryland.gov)



# Appendix

# Pillar 1: Transform the Rural Health Workforce – \$18.5M



- ▶ Expand existing and implement new efforts to develop, recruit, and retain a strong health workforce in rural communities, addressing multiple types of clinicians and allied health professionals
- ▶ Immediate impact funds:
  - Expand existing apprenticeship and training programs, and expand the Rural Advancement for Maryland Peers
  - Expand the capacity of existing Area Health Education Centers (AHEC) programs, and open a new AHEC in Southern Maryland
  - Implement a Maryland Health Workforce Data Clearinghouse
  - Create an online platform for health care workforce development applications

# Pillar 2: Promote Sustainable Access and Innovative Care for Rural Marylanders – \$13M



▶ Immediate impact funds:

- Establish and expand primary care services in rural communities (MHCC)
- Strengthen rural local health department (LHD) and Area Agencies on Aging revenue capture and self-sufficiency via vendors to provide coding, billing, and revenue cycle management technical assistance and explore LHD contracting and credentialing
- Pilot Pre-hospital Blood Transfusion Program with rural emergency management services (EMS)

# Pillar 2: Promote Sustainable Access and Innovative Care for Rural Marylanders – \$13M

*(Continued)*



▶ Immediate impact funds:

- Expand school-based health center capacity through the expansion of hours, services and services areas and the procurement of mobile units
- Increase rural provider health information exchange connectivity, pilot artificial intelligence technology to improve clinical workflows, connect closed loop referral tools, and support community-based organization billing
- Develop a centralized telehealth technical infrastructure

# Pillar 2: Promote Sustainable Access and Innovative Care for Rural Marylanders – \$96M

*(Continued)*



- ▶ Transformation funds:
  - Health IT service expansion to meet current demand and build long-term capacity to improve health outcomes and deploy technology-enabled chronic disease management
  - Support regional mobile health programs including chronic disease management, partnerships with EMS for community paramedicine and mobile health integrated health models, and community-based care teams
  - Behavioral health services expansion to increase sustainable access to priority services across the full continuum of behavioral health care in rural areas
  - Prepare rural providers to participate in innovative care delivery and value-based care models

# Pillar 3: Empower Rural Marylanders to Eat for Health – \$10M



- ▶ Invest in infrastructure to support Marylanders' access to nutritious, locally grown and raised foods
- ▶ Immediate impact funds
  - Invest in cold storage infrastructure within rural communities to expand food aggregation and distribution capacity
  - Provide small grocers and mobile access points with funds for equipment purchases, minor renovations, and technology infrastructure
  - LHDs will provide targeted nutritional education to improve food and physical activity behaviors
  - Establish a Rural Food Coordination program with a regional approach to convening and coordinating
- ▶ Transformation funds
  - Food aggregation and food hubs to increase the availability of affordable local foods
  - New organizational purchasing strategies