



Rural Health Transformation Program

Grant Funding to Expand Access to Primary Care in Rural Maryland

Frequently Asked Questions

DRAFT – May 19, 2026

On May 1, 2026, the Maryland Health Care Commission (MHCC) released a [Request for Applications \(RFA\)](#) for a funding opportunity for infrastructure and resources that helps practices build capacity and strengthen access to high-quality primary care in designated rural areas of Maryland. Approximately \$6.3 million is being allocated under the [Maryland Rural Health Transformation Program \(RHTP\)](#).¹

The MHCC is seeking applications from eligible organizations to participate in a one-year Grant Program that supports the development and expansion of advanced primary care practices. Up to 15 grants will be competitively awarded, with a maximum award of \$1.6 million. The following provides more information to help potential applicants understand program requirements and the application process.

1. 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.

2. 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.

¹ The Maryland RHTP is part of the federal RHTP framework established by the Centers for Medicare & Medicaid Services (CMS). CMS provides oversight and funding to state agencies who are responsible for local implementation. More information is available at: <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>.

3. 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.

4. How are rural areas defined?

Maryland designates 18 counties as rural. See map of [Rural Maryland: State-Designated Counties](#).

5. Does participation in other care delivery models affect eligibility?

No, participation in programs such as [PC AHEAD](#), [MDPCP-AHEAD](#), [Medicaid Advanced Primary Care](#), or accountable care organizations ([ACO](#)) programs does not limit eligibility. Practices already enrolled in these programs are expected to maintain participation.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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

12. Can applicants use bundled service codes if supported by a payer, such [Advanced Primary Care Management \(APCM\)](#), [Collaborative Care Model \(CoCM\)](#), [Behavioral Health Integration \(BHI\)](#), or [Community Health Integration \(CHI\)](#) services?

Yes, applicants are encouraged to use bundled billing codes 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.

13. 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.

14. When is the application due?

Applications and all supporting documentation must be submitted to Melanie Cavaliere at mhcc.grants@maryland.gov by 5:00 PM ET on June 1, 2026.

15. How will applications be scored?

An MHCC convened review committee will score the applications across the six criteria in the [Application Template](#) totaling 100 points. Award decisions made by MHCC are final and are not subject to appeal.

16. 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

17. 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

18. 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

19. 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

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

Applicants should describe:

- Strategies to increase provider and care team capacity
- 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

21. 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 as [PC AHEAD](#), [MDPCP-AHEAD](#), [Medicaid Advanced Primary Care](#), or [ACO](#) programs could support long-term viability

22. What will MHCC monitor during the program?

MHCC will monitor:

- Increases in primary care capacity
- Progress toward process measures
- Program integrity, including review of billed service codes
- Alignment of expenditures with the approved budget

23. 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 awardee from the grant program

24. When does the grant program start?

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

25. Who should I contact with additional questions?

Additional questions may be directed to Melanie Cavaliere at mhcc.grants@maryland.gov.

Questions received during the May 11th Informational Webinar and via email:

26. Is there a requirement to provide services after the grant period ends?

No, grant awardees are not required to provide services after the grant period ends. Grant recipients are encouraged to make sustainability a priority to ensure ongoing treatment and services in the location for which they receive grant funds.

27. Does the RFA include dental?

No, the grant application is intended to expand or establish primary care services.

28. Is a letter of support required with the application?

No, letters of support are not required but are encouraged.

29. Is there a page cap on the application?

Yes, page caps are included in the [Application Template](#).

30. Can a behavioral health care provider apply for this grant by providing CoCM support services?

No, the grant is intended to expand access to primary care services. See the response to Question 12 for more details.

31. Could an FQHC apply for the purpose of securing funding to maintain its existing service levels?

No, this grant is intended to expand or establish primary care services.

32. Will locations in federally designated rural counties score higher than locations in state designated rural counties?

No, applications will be reviewed based on the criteria included in the [Application Template](#).

33. Can a practice based in a non-rural county that serves patients residing in a rural county apply for this grant?

No, the practice's physical location needs to be in one of the designated rural counties to be eligible. Maryland designates 18 counties as rural. See the map of [Rural Maryland: State-Designated Counties](#).

34. Can this grant be used to support the expansion of remote primary care in rural counties?

No, this grant is intended to expand or establish access to primary care services through physical locations in rural counties.

35. Is a hospice provider eligible to apply for this grant?

No, this grant is intended to expand or establish primary care services.

36. Can an ACO acting as a sponsoring organization in a rural county use grant funds to build its technical infrastructure to support its ACO practices?

No, 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 physical location in a rural county.