

# **Partners in Community Supports Home and Community-Based Service (HCBS) Scholarship Program Policy**

## **The Program**

Partners in Community Supports has been awarded scholarship funds under the Home and Community Based Service (HCBS) Scholarship Program.

The intent of the HCBS Scholarship program is to:

1. help create meaningful career paths for employees serving in the field of long-term care, specifically those serving in HCBS programs;
2. support provider efforts to recruit, retain and train qualified employees; and
3. expand the long-term care workforce.

## **Eligibility**

The funds can be used under the following circumstances:

1. Be used for a course of study that is expected to lead to career advancement:
  - a. With the provider, or
  - b. In the field of nursing, or
  - c. In the field of long-term care, including home care or care of persons with disabilities.

This career advancement may be evidenced by a course of study that would directly result in a recognized certification, title, licensure or degree program, or an enhanced wage rate.
2. Be awarded as scholarships to employees that work an average of at least 20 hours per week for the provider.
3. Be utilized solely for qualified educational expenses. These qualified expenses include: tuition, books, fees and other required expenses that are directly related to a course of study leading to career advancement with the provider or within the field of long-term care.

Funds under this program will NOT BE awarded as scholarships to management staff, registered nurses, or therapists. Wages are not reimbursable under this program.

To be eligible for scholarship funds, the employee's employment status must be in good standing.

## **Scholarship Awards**

Awards will be awarded to employees of Partners in Community Supports meeting the eligibility criteria of the program for all scholarship dollars available through September 30, 2007, based on a rating system established by the HCBS Selection Committee.

The HCBS Selection Committee will be responsible for reviewing all applications for scholarship funds for compliance with the program. If the dollar amount of the application received is greater than the anticipated scholarship funds available, the committee will rank the applications based upon fit with the spirit of the HCBS Scholarship Program.

### **Application**

Employees must complete the application within the time frame set by the organization. Applicants will be notified of the status of their application within 30 days of submitting their application.

### **Recipient Selection**

Scholarship recipients are selected based upon eligibility for the funds, the actual funds available, and the employment status of the employee, as determined by the organization.

### **Payment of Awards**

Awarded scholarship dollars will be paid directly to the educational institution providing the education whenever possible. In the event a scholarship award recipient has paid the institution directly, the employee will be required to show documentation of payment in order to be reimbursed for the scholarship award amount.

### **Obligations**

Scholarship recipients are required to complete the course(s) with a passing grade and provide Partners in Community Supports with documentation of such completion. ***In the event a scholarship recipient does not complete their course(s), or if they do not receive a passing grade, they will be expected to reimburse PICS for the amount of the scholarship and will authorize PICS to withhold such amount from their pay check.*** The scholarship recipient must provide PICS with any and all information regarding the course being reimbursed, including, but not limited to: breakdown of expenditures, name of the institution, person or entity providing the education or training, the nature of the educational program, location or campus at which the training took place, expected or actual completion date of the program, proof of successful completion of course.

### **Revision Policy**

This policy is subject to change by Partners in Community Supports and/or the Department of Human Services and Minnesota Statutes §256B.0918.

***For More Information Contact:  
Partners in Community Supports  
Human Resources  
952-854-6364 ext.117***

*I have read and received a copy of the Home and Community Based Scholarship Program policy for Partners in Community Supports. I understand my obligations and agree to fulfill my obligations as outlined in the policy.*

*I agree to provide PICS with written verification of the grades I receive for my course(s). I understand that if I do not provide this verification to PICS, or if I fail to pass my course(s), I will be responsible for paying back all of the dollars granted to me from the scholarship. My signature below indicates agreement to this provision as well as an authorization for PICS to withhold dollars from my paychecks in the event a repayment plan will need to be established.*

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**Employee Signature**

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**Date**

*Return signed form to:*

**Attn: Human Resources  
Partners in Community Supports  
1701 American Blvd. E. Suite 7  
Bloomington, MN 55425**