

LeadingAge Minnesota September 5, 2019

HCBS Employee Scholarship Grant Program

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Grant Manager, Office of Rural Health and Primary Care

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS



Agenda for Webinar

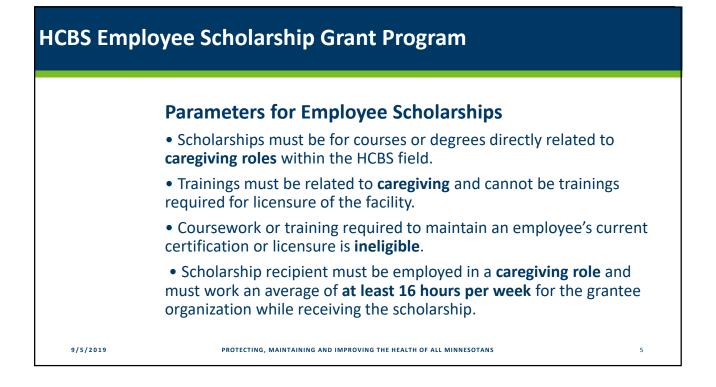
- Provide overview of the Home and Community-Based Services (HCBS) Employee Scholarship Grant Program
- Review key features of grant program
- Provide overview of grant application process
- Review key elements of grant application process

9/5/2019

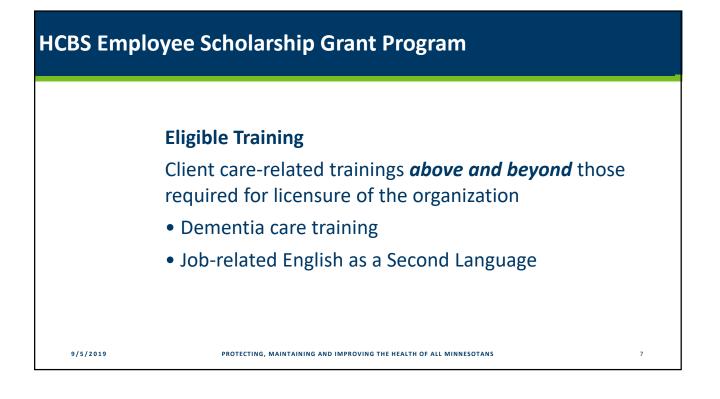
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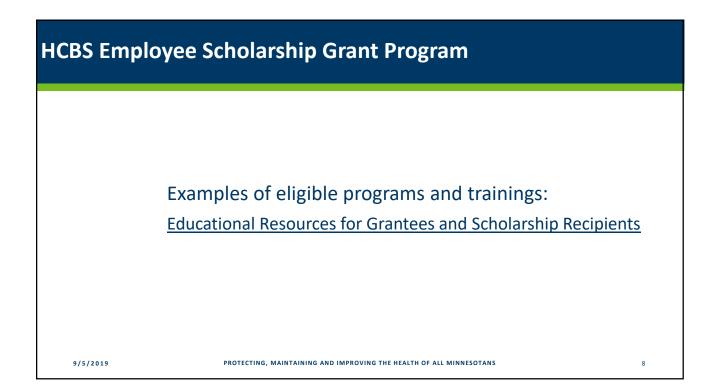


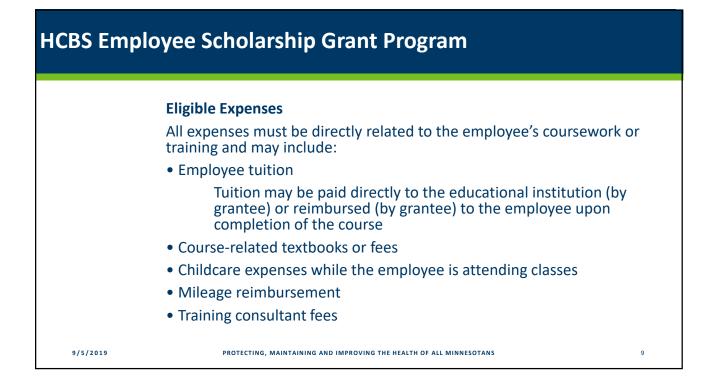




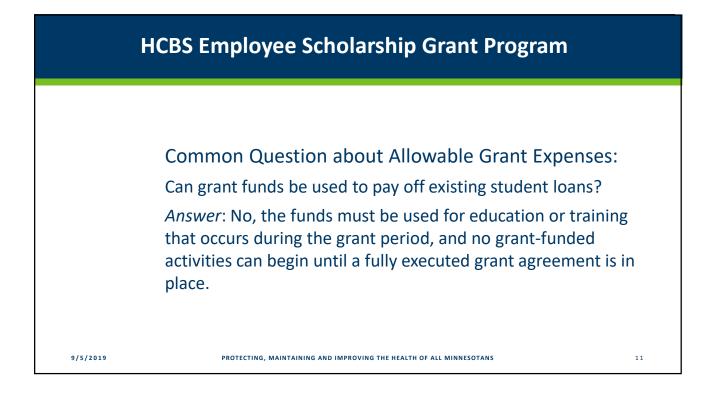


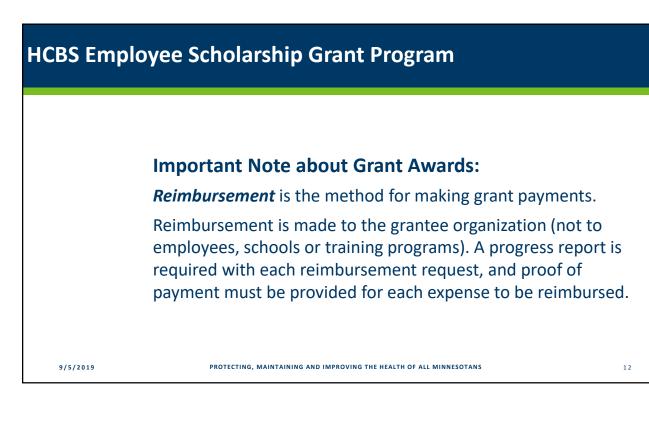


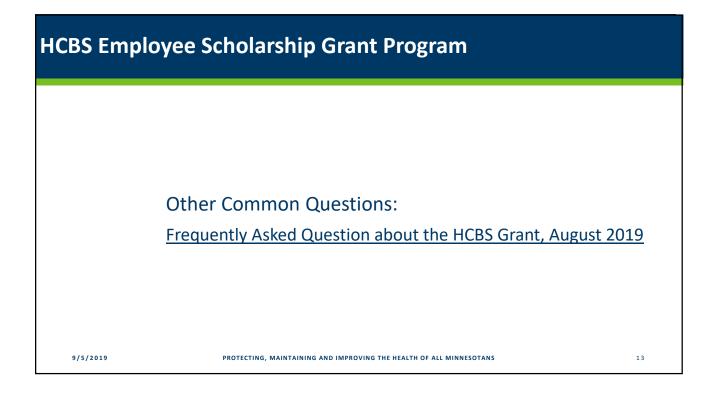


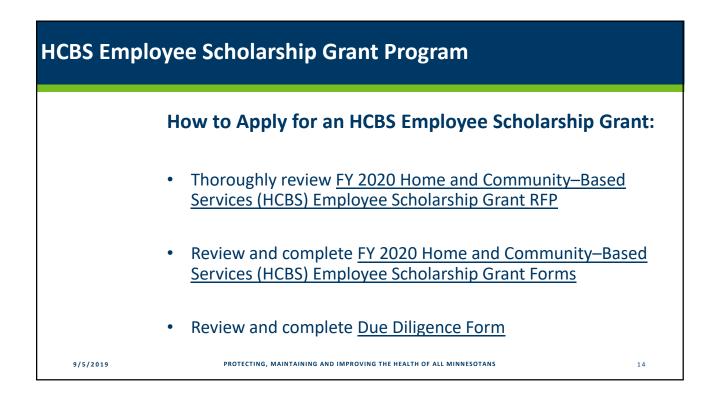














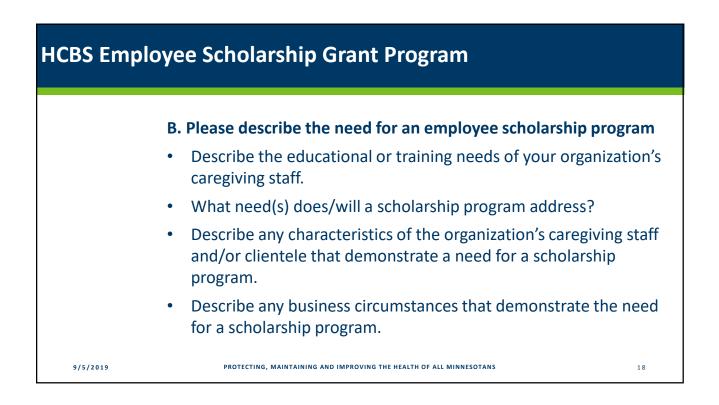
Form 5 – Narrative

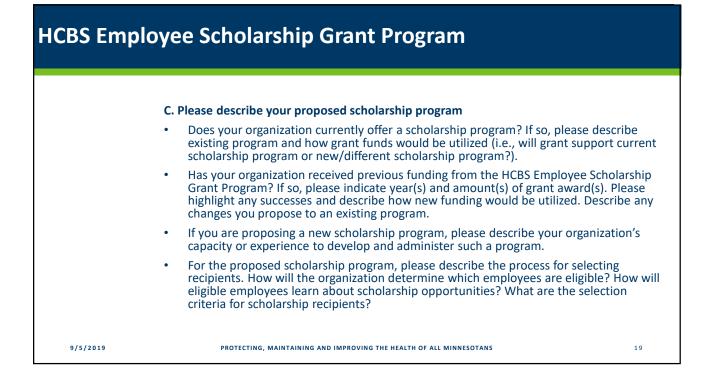
Attach a narrative (five pages maximum), using the bullets provided as a guide. Narratives should be in 11 or 12-point font, double-spaced, paginated, formatted with adequate margins and no longer than five (5) pages.

9/5/2019

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HCBS Em	ployee Scholarship Grant Program
	 Please describe the degree/diploma/licensure programs and/or trainings your proposed scholarships will fund. If specific courses of study and/or trainings are known, please identify; otherwise, provide examples of programs/trainings that your employees might pursue. If scholarships will be utilized for specific educational institutions, programs, or trainers, please identify and explain why they have been selected.
	 What are the degrees, certificates or credentials you expect employees to obtain through scholarships?
	 How will the courses of study/training funded by scholarships help your organization recruit and retain employees?
	 How will the courses of study/training improve care for the clients served by your organization?
	 How will the scholarship program contribute to a well-trained HCBS workforce in Minnesota?
	 Do you have other sources of funding for proposed scholarships? If so, please explain briefly.
9/5/2019	PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS 20

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	Form 6 - Budgot Summary (C. a						
	Form 6 – Budget Summary (for 2-year period)						
		HCBS Employee					
	Catagoria	Scholarship Grant					
	Categories	Funds Requested					
	Employee Tuition Scholarships*						
	(provide additional information in FORMs 7A and 7B)	\$40,000					
	In-house Employee Training Scholarships**						
	(provide additional information in FORMs 8A and 8B)	\$10,000					
	TOTAL	s: \$50,000					

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Form /A –	Employee Tuition	i Buag	get (for	2-year
Scholarship title	Name of educational institution or course provider	Number of recipients	Cost per recipient	Total cost
1. Certified Nursing Assistant (CNA)	Rasmussen College (or institution with similar program)	6	\$2,100	\$12,600
2. License Practical Nurse (LPN)	St. Cloud Technical and Community College (or institution with similar program)	3	\$4,855	\$14,565
3. Trained Medication Aide (TMA)	Pine Technical and Community College (or institution with similar program)	1	\$2,910	\$2,910
4. Bachelor of Social Work	St. Cloud State University (or institution with similar program)	1	\$9,925	\$9,925



1. Certified Nursing Assistant (CNA)

6 employees will receive \$2,100 each to obtain their CNA credentials. The breakdown of costs for each recipient will be as follows:

Tuition: \$1,500

Textbooks, school fees, childcare, mileage: \$600 TOTAL FOR EACH RECIPIENT: \$2,100

2. Licensed Practical Nurse (LPN)

3 employees will receive a \$4,855 scholarship each to obtain their LPN degree at St. Cloud Technical and Community College. The breakdown of costs will be as follows: Tuition: \$3,500 Textbooks, school fees, childcare, mileage: \$1,355 TOTAL FOR EACH RECIPIENT: \$4,855

9/5/2019

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Form 8A	– In-house Emp	lovee Tr	aining	Budge	et (for 2
period)	Training provider (name of person or institution coming in to provide training)	Estimated number of employees attending training	Number of training sessions	Cost per training session	Cost per training type
1. Advanced Dementia					
Training	XYZ Trainers	15	2	\$2,500	\$5,000
2. Wound Care Training	ABC Board of Wound Care Management	10	1	\$3,000	\$3,000
3.First Aid Training	American Red Cross	10	1	\$2,000	\$2,000
	TOTALS:	35	4	N/A	\$10,000

Form 8B – In-house Employee Training Budget Explanation

1. Advanced Dementia Training by XYZ Trainers

15 employees will go through two sessions of Advanced Dementia Training provided by XYZ Trainers. Each session costs \$2,500. At the end of the last session, participants will be tested and will receive certificates of training completion. XYZ Trainers specializes in patient-centered dementia and Alzheimer's education for service providers of the elderly population. The website of XYZ Trainers is ______, and their training website is ______

2. Wound Care Training by a trainer from the ABC Board of Wound Care Management

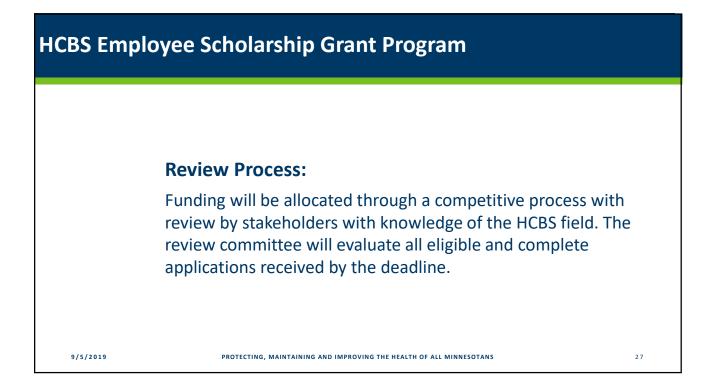
10 employees will attend Wound Care Training in a 3-hour session. Training will involve simulation exercises, and each participant will receive a certificate of training completion. A quote of \$3,000 for the training session has been obtained from ABC Board of Wound Care Management.

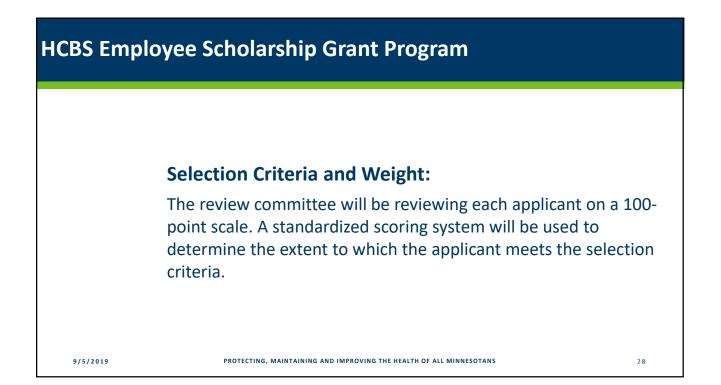
3. First Aid Training by American Red Cross

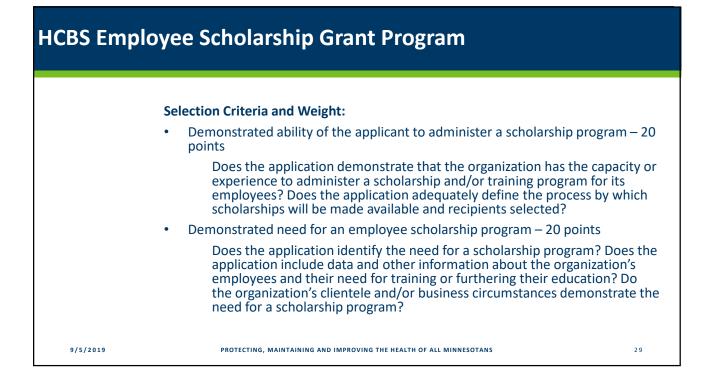
10 employees will participate in a basic first aid training provided by the local American Red Cross chapter. The cost of the 2-hour training is \$2,000.

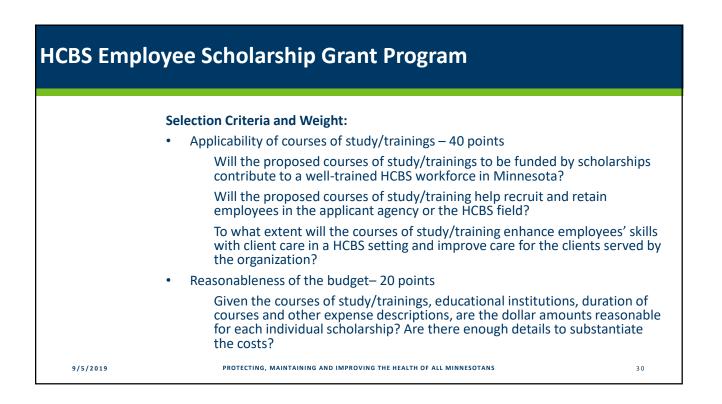
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Deadline for submission: Friday, September 27 4pm **follow instructions in RFP**

9/5/2019

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