



Senior Safety & Quality Improvement Program (SSQIP) Application Walkthrough

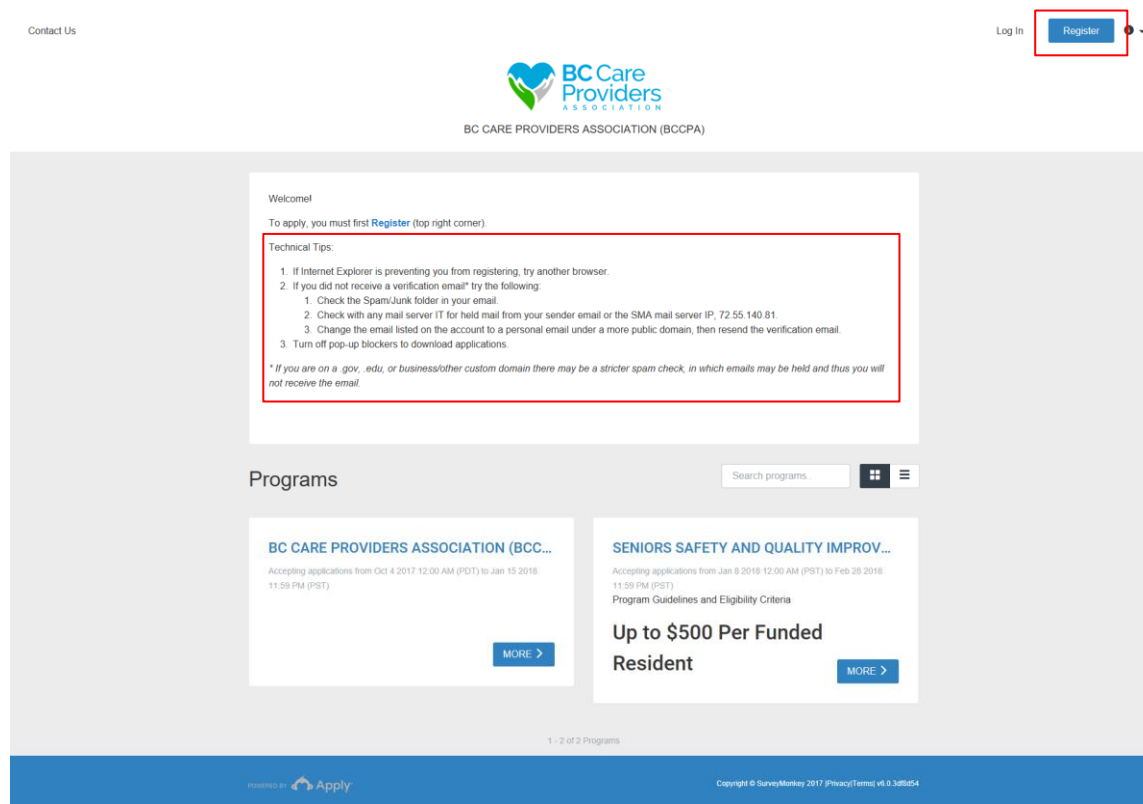
A Step-by-Step Guide

Application Walkthrough: A Step-by-Step Guide

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Create & Verify a New Account



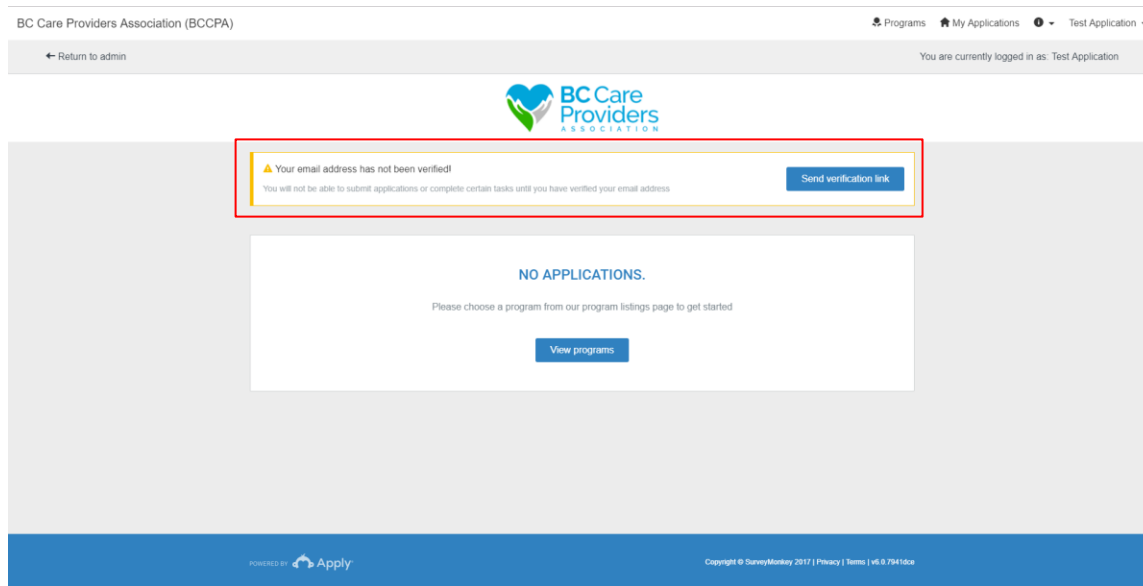
Apply to **SSQIP** at <https://bccare.smapply.io/>

1. Before applying to the Senior Safety and Quality Improvement Program (SSQIP), all applicants **must register and create a new account in SurveyMonkey Apply.**

Technical Tips:

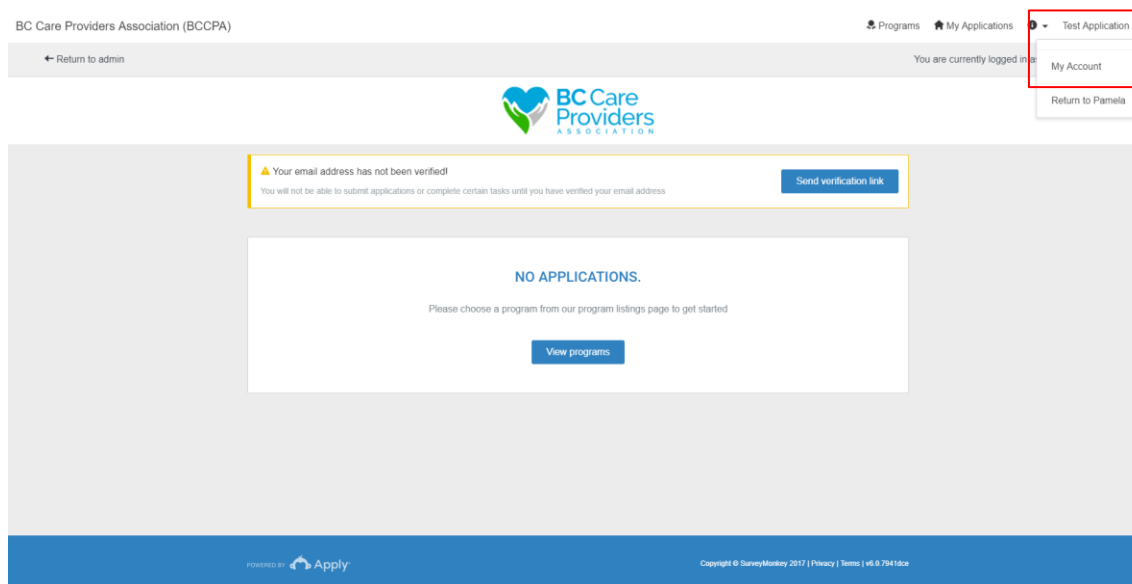
1. If Internet Explorer is preventing you from registering, **try another browser.**
2. If you did not receive a **verification email*** try the following:
 - a. Check the Spam/Junk folder in your email.
 - b. Check with any mail server IT for held mail from your sender email or the SMA mail server IP, 72.55.140.81.
 - c. Change the email listed on the account to a personal email under a more public domain, then resend the verification email.
3. **Turn off pop-up blockers** to download applications.

**If you are on a .gov, .edu, or business/other custom domain there may be a stricter spam check, in which emails may be held and thus you will not receive the email.*



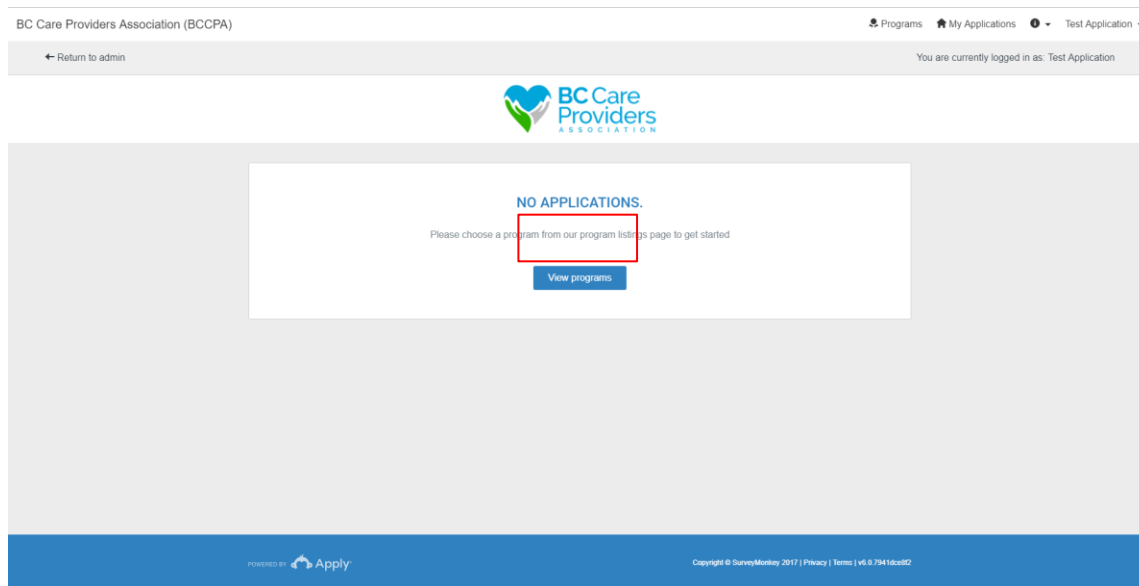
2. After creating a new account, log in and **verify your email address**.

Edit Account Information & Settings

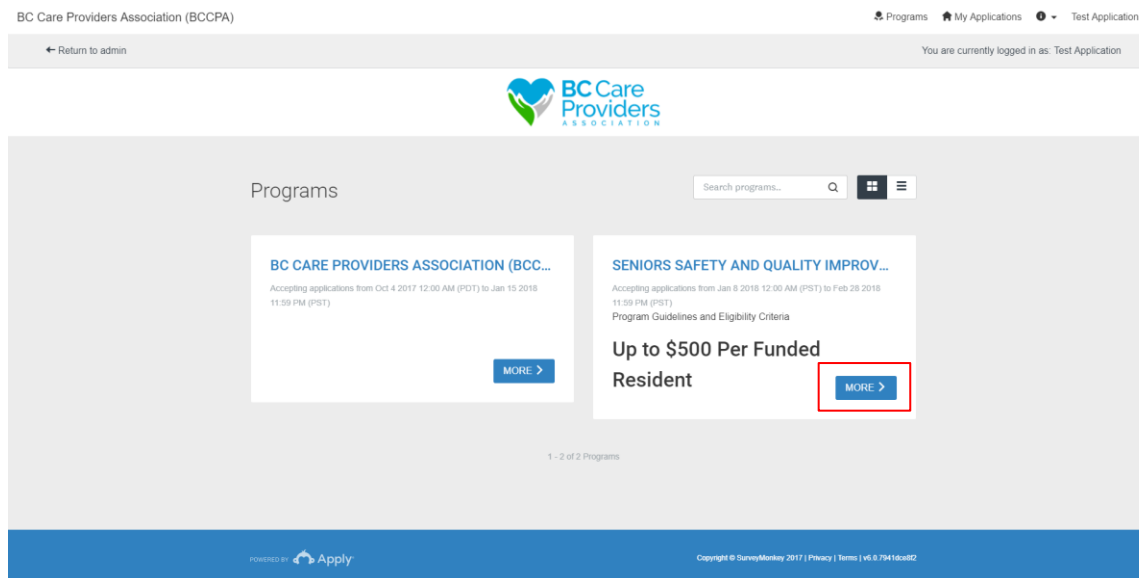


1. Click on your name at the top right-hand corner and select **My Account** from the drop-down list to update the following:
 - a. My Profile
 - b. Notifications
 - c. Eligibility

View the Program Information





1. Click **View programs** to view the BCCPA programs.



2. Click **More** to view additional information regarding the SSQIP application.

Apply to SSQIP

SENIORS SAFETY AND QUALITY IMPROVEMENT PROGRAM (SSQIP)



Seniors Safety & Quality Improvement Program (SSQIP)

Your care home must meet all of the following eligibility criteria to apply for SSQIP funding*:

- Long-term senior residential care home in BC
- Provide care to publicly funded senior residents
- Non-government owned-operated

*Currently Assisted Living, Home Care and Home Support are not eligible for SSQIP.

How Much Can Our Care Home Apply for?

In phase one of the program, up to \$500 per funded senior resident by eligible long-term residential care home provider is available for approval. Long-term senior residential care home providers can apply once and carry forward any unused amounts into another funding period to cover short or long-term expected needs.

***Initial \$10 Million Grant**

When Should I Apply?

The allocation of up to \$500 per funded senior resident, per senior residential care home is secured to September 30th, 2019. You can apply when you have identified and cost out your needs. This funding is allotted to you and there will be at least two opportunities to apply in 2018.

See my application

APPLY

Opens
Aug 28 2018 06:00 AM (PDT)

Deadline
Sep 28 2018 11:59 PM (PDT)

1. Read the [SSQIP Guidelines](#) and ensure that the residential care home is eligible for funding.
2. Click **Apply** to start an application.

Name your application

Care Home Name

CANCEL

CREATE APPLICATION

3. Enter the **Care Home Name**. This titles your application.
4. Click **Create Application**.

0 of 1 tasks complete

Last edited: Aug 20 2018 03:54 PM (PDT)

REVIEW & SUBMIT

Deadline: Nov 30 2018 11:59 PM (PST)

SP SnowWhite Prince Charming (Owner)
ssqip2018+snezana@gmail.com

Add collaborator

Seniors Safety and Quality Impr... [Preview](#) ...

SNOWWHITE PRINCE CHARMING

ID: SSQIP-0000000131 Status: Accept Terms & Conditions

APPLICATION ACTIVITY

Your tasks

Terms and Conditions >

5. Under your application name, you will see your application **ID number** and the application **status**.

6. **Add a collaborator** to have another individual working on the application with you to view, or view and edit the application. (Recommended)

Terms and Conditions ...

Task instructions [Hide](#)

Please Note: You must check your care home eligibility, and accept the terms and conditions before starting your SSQIP application.

Eligibility, & Terms & Conditions ✓ Draft saved

CARE HOME NAME

If the care home is not listed, please select "other" at the bottom of the drop-down list.

White Rock Seniors Village ▼

Congratulations!

This Care Home is Eligible for SSQIP Funding.

Please proceed to the next page to review the SSQIP Terms & Conditions.

SAVE & CONTINUE EDITING **NEXT**



7. Complete the **Terms and Conditions** task.



8. Select your **Care Home Name** from the drop down.



9. If your care home name is not in the drop down, select **Other**. Complete the eligibility questions to proceed.



[← Back to application](#)



Seniors Safety and Quality Improvem...
SnowWhite Prince Charming
ID: SSQIP-0000000131 | Status: Application Submitted


  Terms and Conditions

  Application Form

  Funding Budget Calculator

  Upload Supporting Documents (optional) [>](#)

  Experience Rating

 Submitted
Submitted on: Aug 20 2018 04:33 PM (PDT)

4 of 4 required tasks complete

10. Complete the remaining **tasks**:

- a) Task 2: Application Form
- b) Task 3: Funding Budget Calculator
- c) Task 4: Upload Supporting Documents
- d) Task 5: Experience Rating

Note: A check mark appears on each task when it is marked complete with a progress bar.

Task 2: Application Form

DOES THIS APPLICATION HAVE A COLLABORATOR OR IS THERE SOMEONE WHO WOULD LIKE TO BE INCLUDED IN ALL COMMUNICATIONS FOR THIS APPLICATION?

- ☒ Yes
- ☐ No

Clear

COLLABORATOR CONTACT INFORMATION

First Name	<input type="text"/>
Last Name	<input type="text"/>
Role/Title	<input type="text"/>
Phone Number (and extension if applicable)	<input type="text"/>
Alternate Phone Number (optional)	<input type="text"/>
Email	<input type="text"/>
Secondary Email (optional)	<input type="text"/>

SAVE & CONTINUE EDITING

NEXT

- 1. Complete the **contact information** for collaborators on the application. (Recommended)

CARE HOME NAME

If care home is not listed, please select "other" at the bottom of the drop-down list.

CARE HOME INFORMATION

Organization (if applicable)

Address

City

Province

Postal Code

Phone Number

WHICH ORGANIZATION ASSOCIATION ARE YOU A MEMBER OF?

(can select multiple)

☐ BC Care Providers Association (BCCPA)

☐ Denominational Health Association (DHA)

☐ Other, please specify

2. Complete the care home information.

3. Identify if you are a member of any industry association.

SELECT THE REGIONAL HEALTH AUTHORITY IN WHICH YOU OPERATE

(can select multiple)

- ☐ Fraser Health Authority
- ☐ Interior Health Authority
- ☐ Island Health Authority
- ☐ Northern Health Authority
- ☐ Vancouver Coastal Health Authority

IS YOUR CARE HOME:

- ☐ Not-for-Profit
- ☐ For Profit

PUBLICLY FUNDED BEDS

Only include current bed counts.

of occupied
publicly funded
beds

Total # of publicly
funded beds

PRIVATE PAY BEDS

Only include current bed counts.

of occupied
private pay beds

Total # of private
pay beds

4. Select the Health Authority your care home operates.

5. Identify if your care home is for profit or not-for-profit.

6. Enter the number of public and private pay beds.
Enter zero if not applicable.

PREVIOUS

SAVE & CONTINUE EDITING

MARK AS COMPLETE

Task 3: Funding Budget Calculator

Funding Requests

✓ Draft saved 

0%

UP TO ELIGIBLE AMOUNT

Enter the total number of publicly funded residents (do not include private pay residents and only include the current total of publicly funded residents).

Formula: The "up to" eligible amount is multiplied by \$500 per publicly funded senior resident.

50

Your Care Home is Eligible to Receive up to \$25000.00

PREVIOUS SSQIP FUNDING

Have you been awarded SSQIP funding from previous application periods?

☒ Yes

☐ No

Clear

ENTER THE TOTAL AMOUNT OF SSQIP FUNDING YOU HAVE RECEIVED FROM PREVIOUS APPLICATION PERIODS.

Tip: Do not use commas when entering dollar amounts

Refer to your letter of approval or cheque reimbursement amount. If you do not know the exact amount, please contact the BCCPA Programs Department before proceeding.

\$

10000|

Your Remaining up to Eligible Amount \$15000.00

1. Enter in the number of **funded residents**.

Note: A dollar value will generate in **Your Care Home is Eligible to receive up to \$__**. If an error appears, check the number entered in the box.

2. Identify if you received SSQIP funding in the previous application period.

3. If you have received funding in a previous application period, enter the amount on the Approval Letter to the nearest dollar, or if you have received the reimbursement, enter the amount of the cheque received.


ITEMS & FUNDING REQUESTS

To complete this table, please read the "task instructions" above. The "funding requested" and "expected cost" is totaled at the bottom.

Tip #1 : Do not use commas when entering dollar amounts.

Tip #2: This table extends to the right. Tab between fields or use the scroll bar at the bottom.

	Select Items	Year Funding Needed	Quantity
1.	Floor Lift: Passive ▼	2018 ▼	5
2.	Standard Beds ▼	2018 ▼	5
3.	Sensory Equipment ▼	2018 ▼	2



DO YOU HAVE ANY MORE ITEMS TO ADD?

- ☐ Yes
- ☒ No

4. Select the **items** for funding in the drop-down according to priority, the **year**, and the **quantity** required.

Note: It is important to prioritize as some items may be funded in this period or the next depending on the number of applications received.

TIP: There are more columns to complete. <TAB> between fields or use the scroll bar at the bottom to move to the right.

Funding Requested	Expected Cost	Intended Outcome & Measurable: Senior Safety	Intended Outcome & Measurable: Employee Safety
\$ 5000	\$ 10000	The senior fall rate will be measured by the incident rate of falls as per our current weekly reporting procedures	See additional notes in the next section
\$ 5000	\$ 10000	New low-beds will reduce senior falls from beds by over 5% in the next 2 years.	See additional notes in the next section
\$ 5000	\$ 10000	Not applicable	See senior quality of life
\$ 	\$ 		
\$ 	\$ 		

5. **Funding Requested** is the amount of funding needed from SSQIP. **Expected Cost** is the total cost of the item(s) to be purchased.

Note: The difference between the **Funding Requested** and **Expected Cost** is the cost your care home is expecting to cover (cost shared).

6. Enter the **Intended Outcome** and **Measurables** per item.

Note: Refer to the instructions in the application to complete this section thoroughly. All applications are adjudicated according to the **Guiding Principles**.

TIP: If you need to expand on your answers, you may add **Additional Information** in the next section free form box.

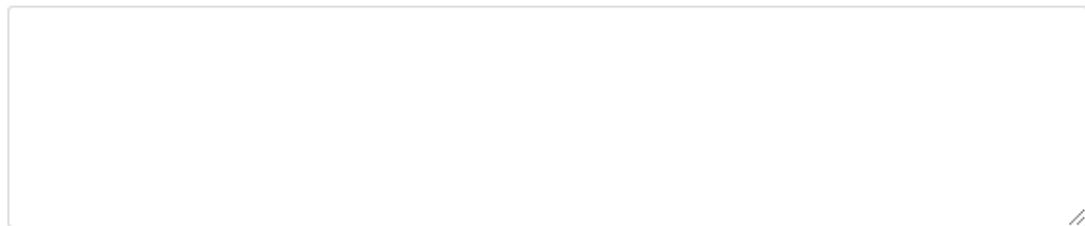
ENFORCEABLE CODE OR LEGAL REQUIREMENT

All applications are reviewed against the Guiding Principles of the program.

Identify the items that are mandatory for the care home according to any enforceable codes, legal requirements, policies, or standards, referencing the item line number.

If you have any documents to support your statement, upload them in task 4: Upload Supporting Documents.

Please Note: Completing this section will strengthen your application and further support the urgency of the funding requested above.



ADDITIONAL INFORMATION FOR ADJUDICATION & FUNDING

All applications are reviewed against the Guiding Principles of the program.

If you have any additional information or commentary for funding prioritization and urgency, please enter it here referencing the item and item line number.

If bulk purchases are preferred across multiple sites, please identify why, i.e. cost of shipping and handling, discounts, etc.

When a funding letter of approval is issued, 90 days are provided to implement, make payments, and submit invoices and receipts (mandatory). If a longer period of time is required, please identify the number of days needed.

7. Complete the next two sections to strengthen your application or identify any special needs.

Note: All applications are reviewed against the **Guiding Principles** of the program. **Intended Outcomes and Measurables** can be expanded as *Additional Information* if required.

Funding Requests

50%



NON-SSQIP FUNDING

Are there any other sources of funding your care home will be receiving or is eligible to receive for the items requested on the previous page?

☐ Yes

☒ No


Clear


ADDITIONAL COMMENTS

If you have any additional information or commentary regarding other sources of funding, please enter it here and if applicable, reference the item.

8. Identify if there are other sources of funding for the items requested outside of SSQIP i.e. funding from a Health Authority.

Task 4: Upload Supporting Documents

 Upload Supporting Documents ...


 Task instructions [Hide](#)

Optional.

If you have any additional documents to strengthen your application in alignment with the program Guiding Principles, or to support the need and urgency of the requested items, please upload them here. Examples include item quotes, lists, operating budgets, letters of support, reports, fundraising, maintenance plans, financials, assessments, recommendations, inspections, or research sited etc.

Please ensure that all your files are named appropriately and clearly in the following format:

- "CareHomeName_DocumentDescriptor_Item"
 - For Example: *BCCPA_Quote_Slings*
 - For Example: *BCCPA_InspectionReport_SecuritySystem*



ATTACH FILE


[Show accepted formats](#)

MARK AS COMPLETE

9. Upload any supporting material.

Note: This may include lists, operating budgets, letters, assessments, inspections, recommendations, or videos to demonstrate a specific need, such as security.

Task 5: Experience Rating

 Experience Rating ...

Application Survey & Feedback ✓ Draft saved

How Are We Doing So Far?

RATE YOUR OVERALL APPLICATION EXPERIENCE!

☐ Great! There is nothing I would change.

☒ Good! There are a couple of things I would change.

☐ Could be better. There are numerous things I would change.

Clear

WHAT WOULD **ENHANCE** YOUR APPLICATION OR BUDGET CALCULATOR EXPERIENCE?

The budget calculator didn't notice the scroll bar

WHAT DID YOU **LIKE** MOST ABOUT YOUR APPLICATION OR BUDGET CALCULATOR EXPERIENCE?

(optional)

Easy calculation

ADDITIONAL COMMENTS

If you have any other general feedback or suggestions, please let us know here (optional).

Great experience overall!

SAVE & CONTINUE EDITING

MARK AS COMPLETE

1. Please **rate your overall experience** and provide us with some feedback.

Review and Submit Application

All Applications ▾

Seniors Safety and Quality Improvement P...

SnowWhite Prince Charming

Deadline: Sep 28 2018 11:59 PM (PDT)

STATUS: Accept Terms & Conditions

4 of 4 required tasks complete

CONTINUE

Last edited: Aug 30 2018 01:07 PM (PDT)

4 of 4 required tasks complete

Last edited: Aug 30 2018 01:23 PM (PDT)

REVIEW & SUBMIT

Deadline: Sep 28 2018 11:59 PM (PDT)

SP

SnowWhite Prince Charming (Owner)
ssqip2018+snezana@gmail.com

Add collaborator

SUBMIT YOUR APPLICATION

✓

Application Submitted!

Thank you for submitting your application for SSQIP funding. We will be in touch with a decision after all applications for this open period have been reviewed.

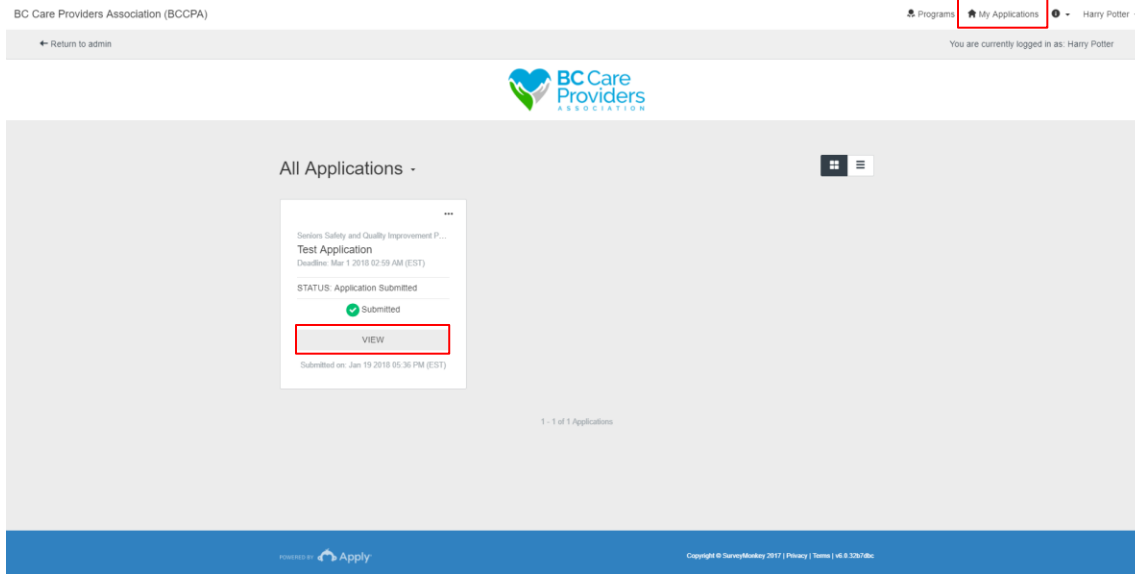
Go to My Applications

1. Save each task you work on before you exit the application system and you can return to **Continue** working on the application before submitting.
2. When the application is complete and all supporting documents (if applicable) are uploaded, click **Review & Submit**. After reviewing your application, click **Submit Your Application**.

Note: Once submitted, the application cannot be re-opened unless an administrator is contacted.

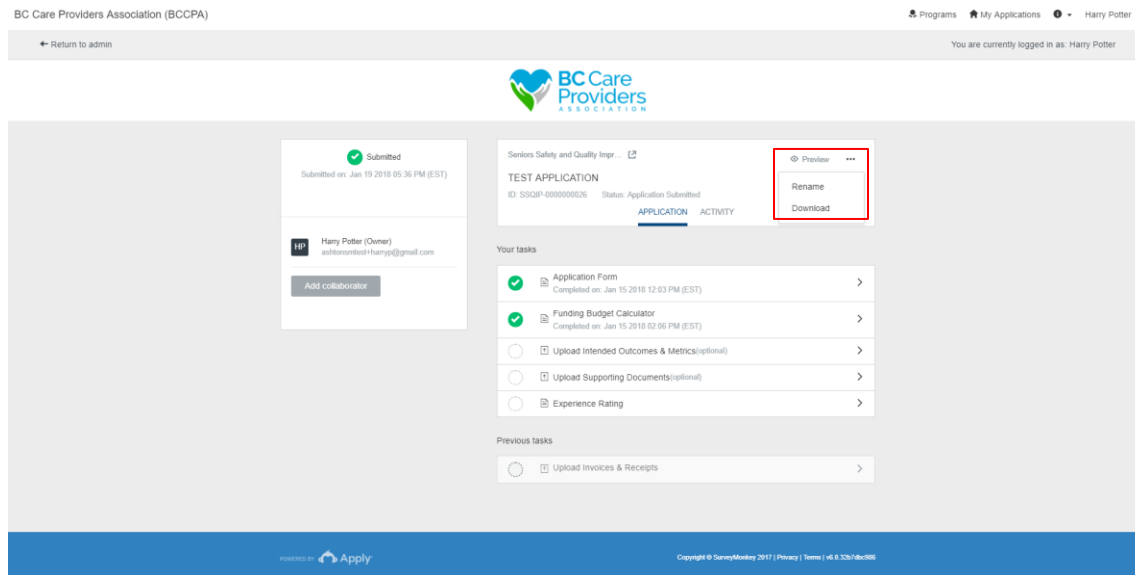
3. An **Application Submitted!** message populates to validate that your application is advancing for review.

Download or Rename Your Application



1. To download or rename your application, click **My Applications**.

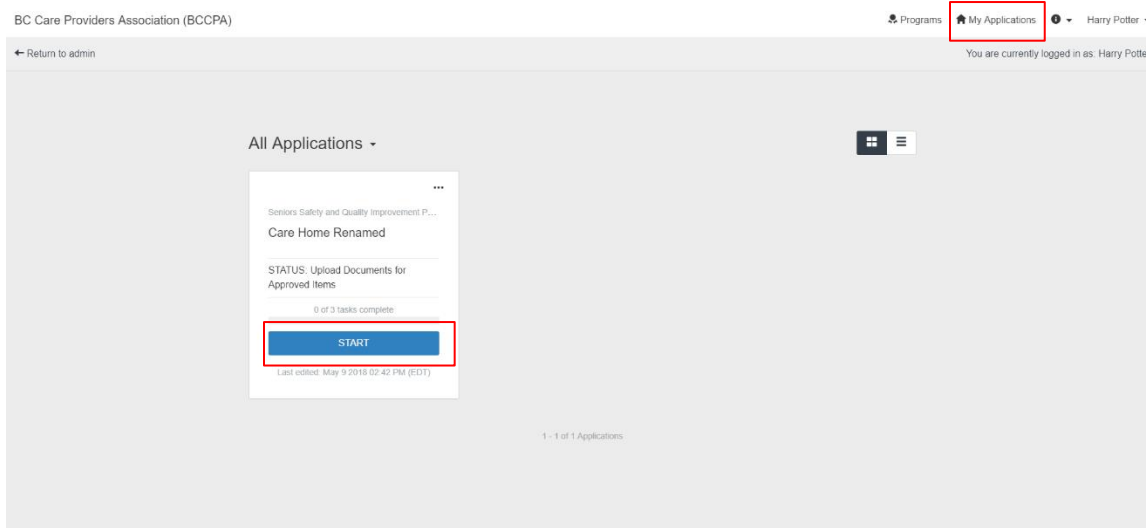
2. Click **View** to see the details of your application.



3. Click **Preview** to **Download or Rename** your application.

Tip: Turn off pop-up blockers to download your applications.

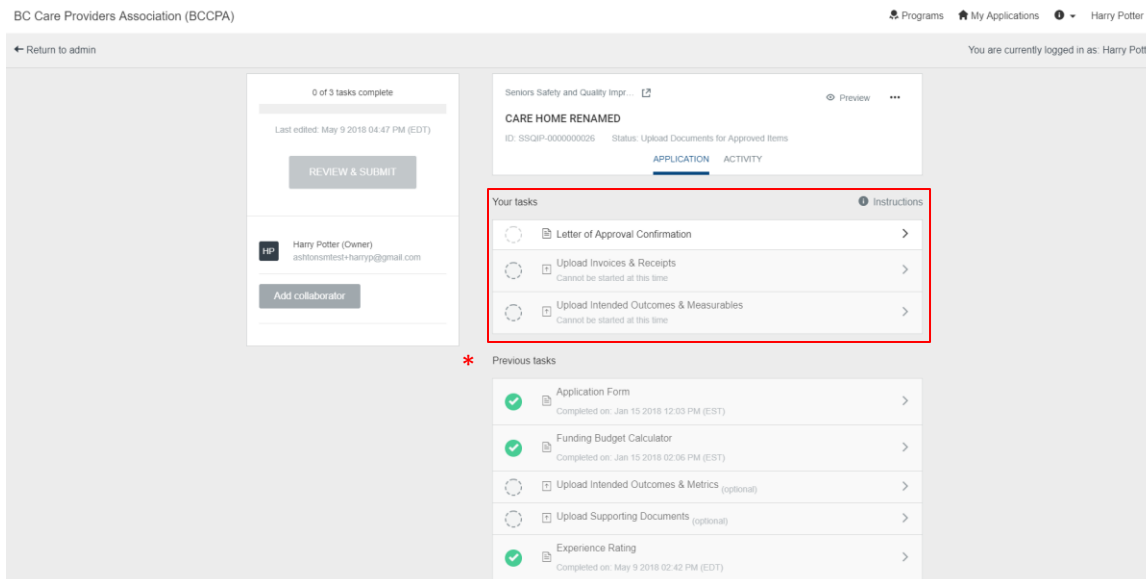
Approved Funding – Next Steps



1. Log back into [SurveyMoney Apply](#) and select **My Applications**

2. Click **Start** to complete the following tasks:
- a. Task 1: Letter of Approval Confirmation*
 - b. Task 2: Upload Invoices & Receipts

* Task 1 is a prerequisite to task 2



* The **Previous tasks** are the all the tasks completed in your initial application submission. These tasks can only be viewed or downloaded.

The new tasks to be completed after you have received your funding approval letter are listed under **Your tasks**.

Task 1: Letter of Approval Confirmation

BC Care Providers Association (BCCPA)

Return to admin

0 of 3 tasks complete

Last edited: May 9 2018 04:47 PM (EDT)

REVIEW & SUBMIT

Harry Potter (Owner)
ashlonsent2+harryp@gmail.com

Add collaborator

Seniors Safety and Quality Impr... [Preview]

CARE HOME RENAMED
ID: SSQIP-0000000026 Status: Upload Documents for Approved Items

APPLICATION ACTIVITY

Your tasks

- Letter of Approval Confirmation
- Upload Invoices & Receipts
Cannot be started at this time
- Upload Intended Outcomes & Measurables
Cannot be started at this time

Previous tasks

- Application Form
Completed on: Jan 15 2018 12:03 PM (EST)
- Funding Budget Calculator
Completed on: Jan 15 2018 02:06 PM (EST)
- Upload Intended Outcomes & Metrics (optional)
- Upload Supporting Documents (optional)
- Experience Rating
Completed on: May 9 2018 02:42 PM (EDT)

1. To begin, click on the first task, **Letter of Approval Confirmation**

BC Care Providers Association (BCCPA)

Return to admin

Back to application

Seniors Safety and Quality Improvement
Care Home Renamed
ID: SSQIP-0000000026 | Status: Upload Documents for Approved Items

- Letter of Approval Confirmation
- Upload Invoices & Receipts
Cannot be modified
- Upload Intended Outcomes & Measurables
Cannot be modified

0 of 3 tasks complete

Last edited: May 9 2018 04:51 PM (EDT)

REVIEW & SUBMIT

Letter of Approval Confirmation

Task instructions Hide

Please Note:

- This task is a prerequisite to task #2 and #3.
- This task can be completed at any time within the allotted time frame as indicated on your letter of approval. The completion of this task verifies with BCCPA that you have received your letter of approval.
- After completing this task, task #2 and #3 can be completed in any order within the allotted time frame as indicated on your letter of approval.

Next Steps

BEFORE MAKING ANY PURCHASES, PLEASE REVIEW THE [SSQIP TERMS & CONDITIONS](#)

CONFIRM THAT YOU RECEIVED THE LETTER OF APPROVAL

- ☐ Yes - I received the letter of approval from BCCPA.
- ☐ No - I did not receive the letter of approval from BCCPA.

SAVE & CONTINUE EDITING MARK AS COMPLETE

2. Complete the form and **Save & Continue Editing** to save a draft and finish later, or **Mark as Complete *** to finish the task.

*** Note:** Click **Mark as Complete** before you proceed to task 2

Task 2: Upload Invoices & Receipts

← Return to admin You are currently logged in as: Harry Potter

Back to application

Seniors Safety and Quality Improvement
Care Home Renamed
ID: SSQIP-0000000026 | Status: Upload Documents for Approved Items

Letter of Approval Confir...

Upload Invoices & Receipts

Upload Intended Outcom...

1 of 3 tasks complete

Last edited: May 9 2018 05:22 PM (EDT)

REVIEW & SUBMIT

Task instructions Hide

Before completing and submitting this task, please upload your **invoices and receipts** once you have made **all of your purchases** for this application period.

If you require more time to implement the approved items and submit your invoices and receipts as proof of payment, please contact the Programs Coordinator.

As a friendly reminder, the approval of funding cannot be released publicly prior to obtaining written approval from BCCPA. For more information, refer to the [SSQIP terms and conditions](#).

When uploading invoices and receipts, please title all documents in the following format:

- Uploading an invoice:
 - "CareHomeName_ApplicationNumber_Invoice_Item"
 - For example: BCCPA_001_Invoice_Beds
- Uploading a receipt:
 - "CareHomeName_ApplicationNumber_Receipt_Item"
 - For example: BCCPA_001_Receipt_Beds

ATTACH FILE
[Show accepted formats](#)

BCCPA_001_Receipts_Beds
Added: May 9 2018

MARK AS COMPLETE

1. To begin task 2, click **Upload Invoices & Receipts**

2. Select **Attach File** to upload your documents

Note: You can upload multiple files. If you wish to upload more files later, select **Mark as Complete** to save the files you have uploaded.

3. After uploading a file, click **...** beside the file name if you would like to edit, preview, remove or download the file.

4. **Mark as Complete** to finish the task

Review & Submit Your Files

BC Care Providers Association (BCCPA)

Programs My Applications Harry Potter

Return to admin You are currently logged in as: Harry Potter

Back to application

Seniors Safety and Quality Improvement Program (SSQIP)
CARE HOME RENAMED
ID: SSQIP-0000000026 | Status: Upload Documents for Approved Items

Letter of Approval Confirmed

Upload Invoices & Receipts

Upload Intended Outcomes & Measurables

3 of 3 tasks complete

Last edited: May 9 2018 06:40 PM (EDT)

REVIEW & SUBMIT

Upload Intended Outcomes & Measurables
Completed May 9 2018 06:40 PM (EDT)

Task instructions Hide

Please download the [SSQIP Intended Outcomes & Measurables Form](#).
Once you have completed the form, please upload it here.

When uploading your intended outcomes and measurables, please rename the document in the following format:

- "CareHomeName_ApplicationNumber_IntendedOutcomes2018P1"
- For example: BCCPA_001_IntendedOutcomes2018P1

BCCPA_001_IntendedOutcomes2018P1
Added: May 9 2018

1. Select **Review & Submit** once all tasks are complete.

BC Care Providers Association (BCCPA)

Programs My Applications Harry Potter

Return to admin You are currently logged in as: Harry Potter

Back to application

Seniors Safety and Quality Improvement Program (SSQIP)
CARE HOME RENAMED
ID: SSQIP-0000000026 | Status: Upload Documents for Approved Items | Last edited: May 9 2018 06:40 PM (EDT)

Harry Potter (Owner)
editor@harrypotter.com

YOUR TASKS

Application Stage 100.0% complete
Submitted on: Jan 19 2018 05:36 PM (EST)

APPLICATION FORM Completed: Jan 15 2018

SSQIP Application Form

First Name
Test

Last Name

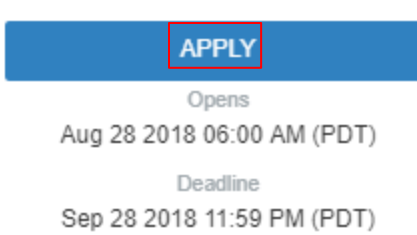
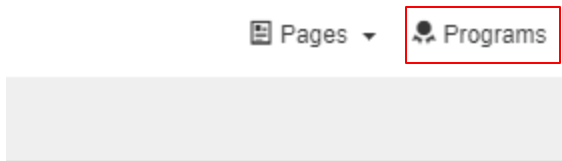
SUBMIT YOUR APPLICATION

2. To submit these tasks, click **Submit Your Application**

* Here you will be able to preview all the tasks you have completed for this application (including your initial application submission). Scroll down to the bottom of the page to view the tasks you have completed above.

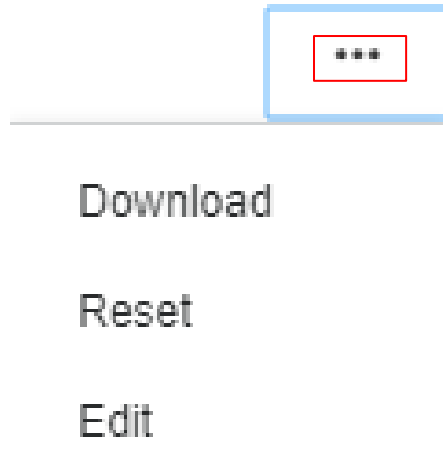
Note: After you submit your application you **cannot edit** unless you contact an administrator.

Technical Tips – Starting a New Application (New Period or Different Care Home)



1. To start a new application in a new period or to start a new application for another site, select **Programs** and then **More>**.
2. Click **Apply**.





1. To edit a task, in the upper right corner click **...** and select **Edit**.

Note: If you select **Reset**, all task information entered is cleared.

Contact Us

If you need assistance with your SSQIP application, please contact the BCCPA **Programs Department**.

Snezana Ristovski

Director of Programs

snezana@bccare.ca

604.736.4233 ext. 244