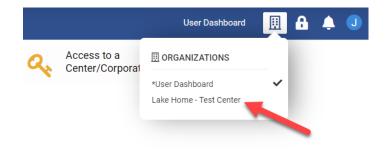
This guide aims to help you submit a Bronze application form in the <u>Quality Award Portal</u>. If you have any questions, please contact the Quality Award team at <u>qualityaward@ahca.org</u>.

- 1. Log into the <u>Quality Award Portal</u>.
- 2. If you are not on your center/corporation's portal, click on your center's name from the **Building** dropdown.

|   | Access to a<br>Center/Corporation    |
|---|--------------------------------------|
| Welcome Jane Doe/Fake   |                                      |
| 1. To get started, click Access to a Center/Corporation on the right.   |                                      |
| <ol> <li>Once your access to a center/corporation is approved, click on the building icon next to User Dashboard at the top of<br/>the page to go to your center/corporation's page.</li> </ol>                         |                                      |
| <ol><li>If you are an Examiner, click on Examiner in the upper right hand corner. To access Examiner Documents, click on<br/>your first initial in the upper right hand corner and select Examiner Resources.</li></ol> |                                      |
| For assistance, click on your first initial in the upper right hand corner and click Help .   |                                      |
|   |                                      |
|   |                                      |
| MY CENTER/CORPORATION MY EXAMINER APPLICATIONS (0)  |                                      |
|   | × Q 1-1 of 1 <                       |
| Requestor   | rom                                  |
| Open Jane Doe/Fake Lake Home - Test Center 09/19/2019 Approved Center Contact Corporate Account A   | Administrator,Primary Center Contact |
|   |                                      |
|   |                                      |



1. Once you are on your center/corporation's portal under the **Apply** tab you will see all the awards that your center is eligible to apply for each year. You can click **Apply Now** to submit an application.

| APPLY (1 | ) | CURRENT | APPLICATIONS | AWARD HISTORY | ACCESS REQUEST | TS FOR APPROVAL (0) | CENTER/CORPORATION | USERS (0) | A REQUIRES ATTENTION | (0) |
|----------|---|---------|--------------|---------------|----------------|---------------------|--------------------|-----------|----------------------|-----|
|          |   |         |              |               |                |                     |                    |           | × Q 1-1 of 1         | < > |
| Year     | ¢ | Туре    | Organization | / Group       | Level          | ITA Deadline        | Deadline           | ¢         |                      |     |
| 2023     |   | SNF     |              |               | Bronze         | 11/15/2022          | 01/26/2023         | Ар        | ply Now Pay          |     |
|          |   |         |              |               |                |                     |                    |           |                      |     |

 When you click Apply Now you will be brought to a welcome page. Remember that you <u>must</u> read the application packet in full before beginning to write and apply.

Thank you for your interest in the <u>AHCA/NCAL National Quality Award Program</u>. The Quality Award program provides a pathway for providers of long term and post-acute care services to journey towards performance excellence. The program is based on the core values and criteria of the Baldrige Performance Excellence Program.

Member centers may apply for three progressive levels of awards: Bronze-Commitment in Quality, Silver-Achievement in Quality, or Gold-Excellence in Quality. Each level has its own distinct rigors and requirements for quality and performance excellence.

The first step in the program is the Bronze Award. Organizations (single centers) are required to start their Quality Award journey at the Bronze level; once this award is achieved, organizations may move to the Silver Award. Following the achievement of the Silver level, organizations are eligible to then apply for the Gold Award.

The Bronze criteria are based on the Organizational Profile section of the Baldrige Health Care Criteria for Performance Excellence. The objective of this award level is to provide a context for understanding your organization and its approach to performance improvement. Through the Bronze criteria, you will assess your organization's environment, relationships and performance improvement systems. By responding to these criteria, you will consider the integration of your mission, strategy, key performance measures, and system for improvement, which may result in clearer priorities and better preparation for future goals. This will also provide a strong foundation for the Silver Award level.

At all levels, applications are evaluated by trained Examiners who provide feedback on center strengths and opportunities for improvement to support continuous learning.

The SNCC/IDDD Bronze Application Packet and AL Bronze Application Packet includes important information about the Bronze award, eligibility requirements, and deadlines. Applicants must read this packet in full. Questions should be directed 1 qualityaward@ahca.org.

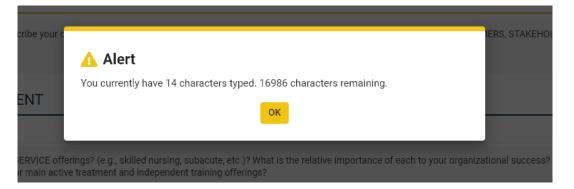
You will respond to the Bronze criteria questions and submit your application using an online form. To continue the online Bronze application process, please select the Continue to Bronze Application link below.

Continue to Bronze Application

3. Read the instructions in the instruction box!

- The online Bronze application has a character count limit of 17,000 characters.
- Click Save Draft frequently to save your working. Work will not be autosaved.
- · Click Validate Characters Typed to see how many characters you have typed and how many you have remaining.
- Click Submit Application to submit your application. A successful submission will generate a confirmation page and an email. The confirmation email is your only proof of application submission. Your application status in the current application section of your Quality Award Portal will also change to Submitted Pending Payment. You must complete the questions on the <u>Authorizations</u> tab before you submit the application.
- All applications must be submitted using the online form. Click Convert to PDF at any time throughout the application process to access a PDF copy of your online application for your personal records.
- 4. Type your responses into the text boxes under the Organizational Profile Tab. You <u>must</u> click **Save Draft** frequently to save your work; there is no autosave and unsaved work will be lost.
  - a. A character count for each text box is shown at the bottom of the box.
  - b. You can also click on **Validate Characters Typed** at any type to get a total character count of the application. There is no minimum character count, only maximum.
  - c. No attachments may be added to the Bronze application form.

| RGANIZATION PROFILE 🚳 AUTHORIZATIONS 📴 GLOSSARY   |   |
|---|---|
| P.1 Organizational Description  | = |
| What are your KEY organizational characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.<br>Provide a response for each of the following questions:                                       |   |
| a. ORGANIZATIONAL ENVIRONMENT   | _ |
| (1)   |   |
| Service Offerings: What are your main HEALTH CARE SERVICE offerings? (e.g., skilled nursing, subacute, etc.)? What is the relative importance of each to your organizational success?<br>ID/DD residential services providers only: What are your main active treatment and independent training offerings? |   |
| Test Test Tes 2   |   |
| 4 characters typed  |   |
|   |   |
| (2)   |   |
| (2) MISSION and VISION: What is your organization's MISSION/VISION statement (verbatim) and the spect methods used to commun 5 tacross your organization?   |   |



5. After you have typed all the criteria responses, you must respond to the questions under Authorizations.

| * Application Due Date: 01/26/2023  |            | Application Method:       | Online Application |
|---|------------|---------------------------|--------------------|
| Total Complete 3%   |            |                           |                    |
|   |            |                           |                    |
| * Federal Provider Number   |            |                           |                    |
| Six-Digit Federal Medicare/Medicaid Provider Number (if none, write N/A).           |            |                           |                    |
|   |            |                           |                    |
| * Contact Phone Number  |            |                           |                    |
| Please provide a phone number at which program staff can contact you.               |            |                           |                    |
|   |            |                           |                    |
| * Application Scope   |            |                           |                    |
| Please specify the scope of your application.                                       |            |                           |                    |
| Skilled Nursing   |            |                           |                    |
| Skilled Nursing and Assisted Living   |            |                           |                    |
| Assisted Living   |            |                           |                    |
| O ICFs/IIF  |            |                           |                    |
| O HCB waiver group homes for individual with ID/DD                                  |            |                           |                    |
| * Ownership   |            |                           |                    |
| is your organization independently owned or part of a regional or national company? |            |                           |                    |
|   | Save Draft | Validate Characters Typed | Submit Application |

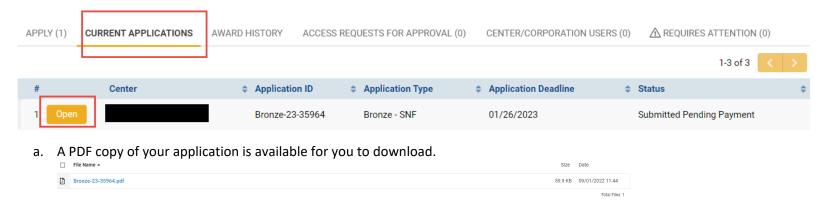
- 6. You are now ready to submit your application. Click Submit Application.
  - a. If you've missed a question, you will see this message the top of your screen. Click on the items missed to go directly to that field to complete.
  - b. A successful submission will generate a confirmation page AND a confirmation email, with a copy of the application you submitted. Save the email!

#### Action Successful

Application (Bronze-23-35964) is now in Submitted Pending Payment status. To return to your application dashboard, click Applications.

\*Note the application will be in *Submitted Pending Payment* status until an application payment is submitted. The confirmation email will also remind you to submit the payment before the deadline. If you have already submitted your payment, your application will be in *Submitted* status.

7. Under the **Current Applications** tab you can see a copy of this application. You can click **Open** to review your application.



Note: At any time before the deadline, you can click **Revise Application** to revise your application. If you do this, remember you <u>must</u> resubmit your application before the deadline for it to be reviewed.

| THORIZATIONS GLOSSARY   |        |
|---|--------|
| escription  |        |
| characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, a following questions:  | nd PAR |
| LENVIRONMENT  |        |
| nain HEALTH CARE SERVICE offerings? (e.g., skilled nursing, subacute, etc.)? What is the relative importance of each to your organizational success?<br>If sonly: What are your main active treatment and independent training offerings? |        |
| Revise Application  |        |