

Ministry of Health

Nursing Graduate Guarantee Online Portal

Purpose

To inform new and existing employers about the Nursing Graduate Guarantee (NGG) Online Portal

What is the NGG Online Portal?

- The NGG Online Portal, also known as the Nurses' Career Start Gateway, is a system that supports the management of the NGG.
- The NGG portal enables:
 - ✓ Nurses to search and apply for job opportunities;
 - ✓ Employers to review nurses' applications;
 - ✓ Employers to extend job offers;
 - ✓ Employer to request funding from the Ministry of Health (the ministry);
 - ✓ Employers and the ministry to electronically sign contract agreements; and
 - ✓ Employers to submit financial reports to the ministry.

NGG Online Portal Accounts

- Participating NGG employers will be required to register various users on the site to fulfill NGG-related activities (e.g., posting positions, submitting budget requests, signing etc.). The user descriptions are specified in the table below.

Access Rights	Function	Suggested User
<i>Organization/Employer (OE) Signatory</i>	User has final signing authority for the NGG Transfer Payment Agreement (TPA) and all final reporting	Chief Executive Officer (CEO) or equivalent
<i>Senior Nursing Leader (SNL) Signatory</i>	User has signing authority for budget requests, the TPA and final reporting	SNL or equivalent
<i>Finance Signatory</i>	User has signing authority for final reporting	Chief Financial Officer (CFO) or equivalent

NGG Online Portal Accounts

Access Rights	Function	Suggested User
<i>Registered Nurse (RN) and Registered Practical Nurse (RPN) Union Signatory</i>	User reviews and signs off on budget requests and has signing authority for final reporting (if applicable).	RN or RPN union representative.
<i>OE Administrator</i>	User can post jobs, create budget requests and final reports and has authority to modify the organization profile (e.g., edit legal name, manage registered users).	Human Resources or Program Manager.
<i>OE User</i>	User can only post jobs, create budget request and final reports.	Signatories who do not need access to other NGG Online Portal functions.

Overview of Program Components

Program Component	Description
Match Dates	The NGG Online Portal is open for employers to match with new nurses between April 1st to December 13.
Budget Request Submissions	The NGG Online Portal will not allow matching or budget request submissions between December 14 and March 31.
Budget Request Form	The Budget Request now includes: <ul style="list-style-type: none">• Section to demonstrate that the organization has the capacity and a plan to transition the new nurse to permanent-full time employment; or into the equivalent of full-time hours• Section for union review (if applicable); and• Section for SNL approval;
TPA	A new TPA will be issued for <u>each</u> fiscal year for organizations approved to participate in the NGG.
NGG Reporting	The NGG Transfer Payment Agreement will provide details of reporting requirements and deadlines. Required reports include: <ul style="list-style-type: none">• Year-end Final Financial report• Annual Reconciliation Report Certificate• Final Program Report

Budget Request Submission Process

1	Match with the new nurses on the NGG Online Portal
2	Create new budget request on the NGG Online Portal
3	Select hired nurse(s) to include on the budget request(s)
4	Fill in budget request details for each new nurse (wage, start date, etc.)
5	Describe the organization's capacity and plan to transition the new nurse to permanent, full-time employment
6	Submit budget request for union review and SNL approval
7	Union reviews budget request, providing comments as required
8	SNL approves budget request, providing comments as required
9	Budget request is received by the ministry and approved if eligibility requirements have been met

CREATING AND SUBMITTING THE BUDGET REQUEST

MINISTRY OF HEALTH AND LONG-TERM CARE

Click “Create New” to begin the process of submitting a new budget request. “Review” will show budget requests already created.

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hfosix@gmail.com -- OE Administrator Rights /

-- H -- 4561

Dashboard

[Outstanding Organization Users\(0\) »](#)

[Outstanding Budget Request\(0\) »](#)

[Outstanding Report Back\(0\) »](#)

Create Budget Request

Click "Next" to see the list of available new nurses.

Nurse Category

Organization Name

Select your desired Nurse Category and Organization Name (for multi-site organizations).

Create Budget Request

Select the nurses you would like to include in the budget request from the list below.

Nurse Category

Organization Name

Participants have not been included in any Budget Request. Click 'Next' to proceed to include all Participants in this Budget Request. Click 'Cancel' to deselect Participants that should not be included in this Budget Request.


Nursing Graduate Guarantee (NGG) Participants

NGG Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
<input checked="" type="checkbox"/>	176	Carol Brown	2017/03/02	2017/03/03	Job at Long Term Care Inc.

Nursing Career Orientation (NCO) Participants

NCO Participants					
	Nursing Grad ID	Name	Job Offer Acceptance Date	Assignment Start Date	Job Posting Title
No data to display					

Click "Next" to generate the budget request.




Budget Request Details

Budget Request ID **102**

Nurse Category **Registered Nurse (RN)**

Organization **Mount Sinai**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **Not Submitted**

Status **Draft**

[View History](#)

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Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
176	Carol Brown						

[Details](#)

Total Number of Participants: **1**

Budget Request Total Allocation: **\$0.00**

[Add Participant](#)

[Submit to MOHLTC](#)

[Delete Budget Request](#)

[Save and Close](#)

[Next](#)

[Cancel](#)



Click "Details" to enter the participant details page.

Participant Details

Budget Request ID **100**
 Submission Date **Not Submitted**

Organization Name **Leisureworld Toronto**

Participant Name **Nurse RPN1**

Enter the start date, hourly wage, benefit rate and weekly hours for the new nurse.



Fiscal Year
 Projected Start Date *
 Projected End Date *
 Hourly Wage *
 Benefit Rate % *
 Weekly Full-Time Hours *

Total Allocation

Enter a description of your organization's capacity and plan to transition the new nurse to permanent, full-time employment.



☒ The Union was consulted

☒ We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 5,000 characters)

Enter Text

Payment Amount

Confirmation ID

Payment Date

enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

[Previous](#)

[Exit & Save](#)

[Next](#)

[Remove Participant](#)

[Revert Changes](#)

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* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

hfosix@gmail.com -- OE Administrator Rights / SNL Signatory -- Mount Sinai -- H -- 4561

Budget Request Details

Budget Request ID **102**

Nurse Category **Registered Nurse (RN)**

Organization **Mount Sinai**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **Not Submitted**

Status **Draft**

[View History](#)

[Export to PDF](#)

[View Transactions](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
176	Carol Brown						

[Details](#)

Total Number of Participants: **1**

Budget Request Total Allocation: **\$0.00**

[Add Participant](#)

[Submit to MOHLTC](#)

[Delete Budget Request](#)

[Save and Close](#)

Click "Submit to MOHLTC" when you have fully completed the budget request. This will initiate the budget request pre-review process.

UNION REVIEW

MINISTRY OF HEALTH AND LONG-TERM CARE

To review budget requests
click "Sign Documents".

[Home](#) [Profile](#) [E-Sign](#) [Logout](#)[Sign Documents](#)

rgreen28@rogers.com -- Signatory -- Leisureworld Toronto -- H -- 1234

Dashboard

[Outstanding Organization Users\(0\) »](#)[Outstanding Budget Request\(0\) »](#)[Outstanding Report Back\(0\) »](#)

List Signing Documents

Signing Documents								
Document Type	Status	ID	Fiscal year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date	
NGG Reportback	Pending for signing	42	2016-17	2017/01/20	1	\$13,978.90	2017/02/02	Sign
NGG Budget	Pending Review	54	2016-17	2017/01/20	1	\$13,978.90	2017/02/02	Sign

[Cancel](#)

Click “Sign” to review and electronically sign the NGG budget request(s).

E-Review

Budget Request ID **97**

Nurse Category **Registered Practical Nurse (RPN)**

Organization **Leisureworld Toronto**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **2016/06/09**

Status **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List								
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2016/06/03	2016-17	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: **1**

Budget Request Total Allocation: **\$29,388.00**

Signature Code *

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent employment. (Maximum 1,000 characters)

[Reviewed](#)

[Reject](#)



Click "Details" to view the organization's capacity and plan to transition each new nurse to permanent, full-time employment.

Participant Details

Budget Request ID **100**
 Submission Date **Not Submitted**

Organization Name **Leisureworld Toronto**
 Status **Draft**

Participant Name **Nurse RPN1**

Participant ID **252**

Fiscal Year **2015-16**
 Projected Start Date **20160104**
 Projected End Date **20160327**
 Hourly Wage **\$32.08**
 Benefit Rate % **20.00**
 Weekly Full-Time Hours **37.50**

Total Allocation **\$28,872.00**

☒ The Union was consulted

☒ We have forecasted that within the next 12 months a permanent, full-time position will be available within our organization

Please briefly describe your organization's capacity and plan to transition the new nurse into permanent, full-time employment (Maximum 5,000 characters)

Enter Text

	Payment Amount	Confirmation ID	Payment Date
Initial	\$14,436.00		
Salary	\$14,436.00		
Retention	\$0.00		

you enter the highest Hourly Wage value (the highest rate of pay) that the participant is expected to attain during their 6 months of employment in the Nursing Participant Guarantee Initiative.

[Previous](#)

[Exit & Save](#)

[Next](#)

[Remove Participant](#)

[Revert Changes](#)

[Back](#)

* Mandatory fields required for submission of Budget Request. Not required for saving as draft.

Review the organization's capacity and plan to transition each new nurse to permanent, full-time employment.



E-Review

Budget Request ID **97**

Nurse Category **Registered Practical Nurse (RPN)**

Organization **Leisureworld Toronto**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **2016/06/09**

Status **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
177	Test User3	2016/06/03	2016-17	\$31.60	24.00	37.50	\$29,388.00

[Details](#)

Total Number of Participants: **1**

Budget Request Total Allocation: **\$29,388.00**

Click "Reviewed" once the budget request has been reviewed and you have provided comments. This will send the budget request to the SNL to approve.

Signature Code *

Enter the signature code from the budget request review email.

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

[Reviewed](#)

[Reject](#)

Enter any comments on the budget request.

SENIOR NURSING LEADER APPROVAL

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Dashboard

To review budget requests click “Sign Documents”.

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- Outstanding Budget Request(0) »
- Outstanding Report Back(0) »

Delete Budget Request

Save and Close

List Signing Documents

Signing Documents								
Document Type	Status	ID	Fiscal year	Submission Date	Participants	Total Allocation /Reinvestment	Sent Date	
NGG Reportback	Pending for signing	42	2016-17	2017/01/20	1	\$13,978.90	2017/02/02	Sign
NGG Budget	Pending Review	54	2016-17	2017/01/20	1	\$13,978.90	2017/02/02	Sign

[Cancel](#)

Click "Sign" to review and electronically sign the NGG budget request(s).

E-Sign

Budget Request ID **97**

Nurse Category **Registered Practical Nurse (RPN)**

Organization **Leisureworld Toronto**

Nursing Initiative Type **Nursing Graduate Guarantee**

Submission Date **2016/06/09**

Status **Pending Signing**

[View Status History](#)

[View Signing Document](#)

Participant List

Participant List							
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$
177	Test User3	2016/06/03	2016-17	\$31.60	24.00	37.50	\$29,388.00

[Details](#)

Total Number of Participants: **1**

Budget Request Total Allocation

Click "Approve" once the budget request has been reviewed and you have provided comments.

Signature Code *

Enter the signature code from the budget request approve email.

Please provide any comments you have regarding the organization's capacity and plan to transition the new nurse(s) into permanent, full-time employment. (Maximum 1,000 characters)

unionRep@union.ca - We have no comments on the transition to practice plan
SNLsignatory@org.ca -

Enter any comments on the budget request.

[Approve](#)

[Reject](#)

Budget Request Status

Status	Description
<i>Draft</i>	Budget request has been created but not submitted to the ministry. Draft status can also occur when the budget request has been denied during the submission process.
<i>Pending Review</i>	Budget request is pending review by the union/approval by the SNL.
<i>Pending Approval</i>	Budget request submitted to the ministry and pending review by the ministry.
<i>Reviewed by MOH (e.g., MOH Admin. and MOH Finance)</i>	Budget request has been reviewed and is recommended for funding by the ministry.
<i>Pending Signing (e.g., SNL and OE Signatory)</i>	Budget request has been approved and the attached TPA is pending the organization's signatures.
<i>Pending Signing (e.g., MOH Signatory)</i>	The budget request has been approved and is pending final ministry signature.
<i>Fully Signed</i>	The budget request has been fully approved and funding will be flowed.
<i>Paid</i>	Budget request funding has been flowed.

TPA SIGNING PROCESS

NOTE: Only one NGG TPA will be issued for each participating organization, annually.

The TPA will be attached once the budget request is approved by the ministry. Both SNL and OE electronic signatures are required for the NGG TPA.

Home Profile Jobs Budget Request Reportbacks 2017/18 NGG Reportback E-Sign Log

nggmm100-10@yahoo.ca -- SNL Signatory / OE User -- Leisureworld Toronto -- H -- 1234

List Signing Documents

Signing Documents								
Document Type	Status	ID	Fiscal year	Submission Date	Part			
NGG Budget Request With attachment	Pending for signing	97	2016-17	2016/06/09	1	\$29,388.00	2017/02/02	Sign
NGG Reportback	Pending for signing	41	2016-17	2017/02/07	3	\$19,678.75	2017/02/07	Sign
NGG Reportback	Pending for signing	5	2013-14	2017/02/13	1	\$0.00	2017/02/13	Sign

Cancel

Click "Sign" to view the summary of the NGG TPA and budget request that is pending signing.

E-Sign

Budget Request ID 97
Nurse Category Registered Practical Nurse (RPN)
Organization Leisureworld Toronto
Nursing Initiative Type Nursing Graduate Guarantee
Submission Date 2016/06/09
Status Pending Signing

View Status History View Signing Document

Participant List

Participant List								
Grad ID	Participant Name	Projected Start Date	Fiscal Year	Wages	Benefit %	Weekly Hours	Total Allocation \$	
177	Test User3	2016/06/03	2016-17	\$31.60	24.00	37.50	\$29,388.00	Details

Total Number of Participants: 1 Budget Request Total Allocation: \$29,388.00

Signature Code *
Comment

Enter the signature code sent via email to the OE user and SNL.

Click "Approve" to e-sign the TPA.

Approve Reject

NGG Reporting Requirements

- Employers who receive NGG funding will be required to demonstrate accountability for use of the funds **within 1 year** of the new nurse's start date.
- Final Reporting requirements will include:
 - ✓ **Financial Report:** to provide actual expenditures related to the 12-week transition into practice period and actual expenditures related to the reinvestment fund
 - ✓ **Program Report:** to provide information on program outcomes (e.g., nurse was bridged to permanent, full-time employment)
 - ✓ **Annual Reconciliation Report Certificate:** attestation that reported numbers agree with the audited financial statements of the organization
- Reports will require verification of the OE Signatory, SNL Signatory and the Union Signatory (if applicable).
- Further information on reporting requirements, including specific timelines, will be specified in the signed 2020/21 NGG Transfer Payment Agreement between your organization and the Ministry



THANK YOU!

Questions and Answers