**Scope Document**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| Project Dates | *This is the entire span of the planned project.* |
| --- | --- |
| Project Manager | *Who is the one person who will speak to the status of the project, organize team meetings and update documentation?* |
| Project Owner | *This could be the executive director, owner or supervisor. They are responsible for the project and oversee and advise but are not necessarily doing the project work or in all meetings related to the project.* |
| Team Members | *Who is the team working on the project? You might list names AND their roles or agencies if they work for different entities.*  |
| Purpose of Project | *High-level narrative of what the project is expected to accomplish and its benefits.*  |
| Background | *Brief narrative of what led to this project.*  |
| Deliverables | *Brief description of key deliverables.*  |
| Stakeholders | *Those involved in and who may be affected by project activities (including the community).* |
| Requirements | *What are the specific needs of this project that if not completed, the project will not be successful? (e.g. specific number of staff, government approvals/licensing, technology-related requirements, funding requirements.)* |
| Major Milestones | *Are there key target dates for some of the deliverables?* |
| Not in scope | *These are items NOT included in the project and are included for clarity.* |

Approval:

*Signed by person with authority to assign budget and resources to project.*

NAME & TITLE

**SAMPLE Scope Document**

**Project Title: ABQ Intensive Outpatient Program**

| Project Dates | Aug. 1, 2023 to April 30, 2025 |
| --- | --- |
| Project Manager | Anna P. |
| Project Owner | Joy H. |
| Team Members | Maria O.Joseph S.Ben L. |
| Purpose of Project | Establish an Intensive Outpatient Treatment Program (IOP) to bridge the gap between outpatient and residential services, providing structured and intensive support to clients while they maintain their daily routines, addressing their specific needs for a higher-level care, and promoting long-term well-being on their path to recovery. |
| Background | Over the past 12 months there has been a rising number of clients from outpatient therapy needing a higher level of care but who do not meet the medical necessity requirements for our residential treatment services. Without access to IOP services, clients struggle to maintain progress and experience hindered recovery. |
| Deliverables | Build New IOP Services: 1. Research IOP Models
2. Apply with State for IOP Approval
3. Create an IOP program with multiple group sessions per week serving women and men, including Spanish Language group and onsite childcare.
4. Location
	1. Find location that supports IOP and space for childcare
	2. Determine and complete building renovations
5. Human Resources
	1. Create onboarding procedure, policy and procedure handbooks, and job descriptions
	2. Hire IOP clinical director
	3. Hire CPSW and 3 FTE Therapists
	4. Hire childcare staff
6. Marketing
 |
| Stakeholders | * Clients
* Children & Family
* Community at large
* Language Resources
* Tribal Resources
* Agency Staff
* Local resources/partners
* NM Behavioral Health Services Division
 |
| Requirements | 1. State Approval
2. Suitable location acquired
3. Credentialing of clinical staff and agency with MCO
4. Ability to bill
5. Functional Electronic Medical Record system
 |
| Major Milestones(Planned) | 1. IOP Application submitted.
2. State approval of IOP received.
3. Location confirmed.
4. Staff hired.
5. Grand opening date set.
 |
| Not in Scope | * Onsite Medication Services (MAT)
* Transportation
* Onsite Primary Care Provider
 |

Approval:

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Joy H., Executive Director