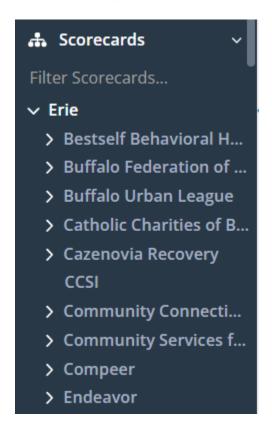
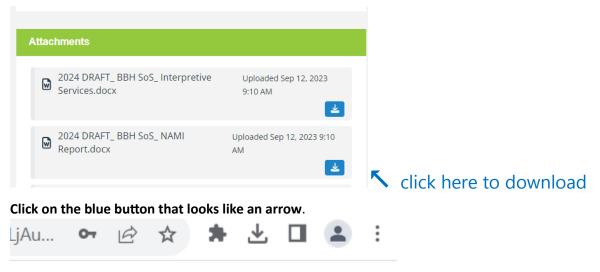
2024 ECDMH CONTRACT AGENCY GUIDE ON

HOW TO DOWNLOAD YOUR SCOPE OF SERVICE(S) FROM CLEARPOINT AND SCOPE OF SERVICE GUIDELINES & INSTRUCTIONS

Log in to ClearPoint, Enter access code once you receive it by email. Go to **Scorecards, Erie** – see below



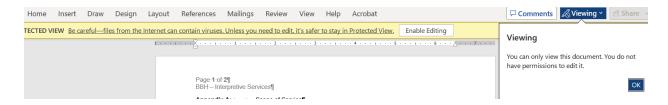
If you click on your **Agency Name** – this will bring you to your **Home Screen**. Scroll down to **Attachments**; if you have a Program Name that isn't listed in the dropdown under your agency name in ClearPoint, then check here on the <u>Home Page under Attachments</u> for the 2024 Scope of Service.



The document you selected to download will appear under this icon on the top of your ClearPoint screen.

Click on the 2024 Scope of Service (Word document) you want to download (select 1 at a time) and a new screen will open to the document you just downloaded.

Go to **File** then **"Save-As"** to your computer. You can leave the 2024 SoS named as is with the + signs that ClearPoint enters when you download or rename the document (please leave the Program Name the same).



The 2024 Scope of service will Open in "Protected View." You will have to click on "Enable Editing" first.

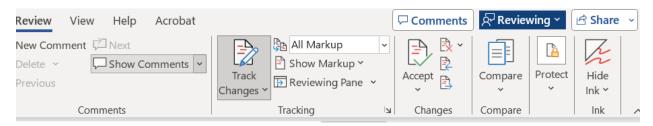


Next, click on Review at the top of your Tool Menu Bar

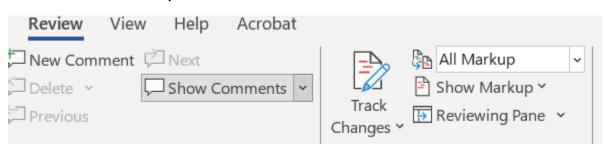


Then Click on Track Changes and the button color will change to dark gray showing that Track Changes has been selected

This will turn blue



Make sure that "All Markup" is selected



Refer to your **2024 Agency Submission Checklist** and **the pages that follow to these instructions** and you can now perform your review and make any necessary updates.

Once you have completed your updates and completed the preparer's information required – **click Save** - **leave Track Changes on** so your Contract coordinator can track all of your updates and review them.

Great job! 🙌 😊

INSTRUCTIONS FOR 2024 SCOPE OF SERVICE *FOR REFERENCE ONLY*

This portion below with a red indicator (>) <u>has been completed for you by ECDMH</u>, leave <u>"AS IS"</u>:

>Appendix A: Scope of Service - Leave "AS IS" - ECDMH has entered this

>Contract Year: 2024 - Leave "AS IS" - ECDMH has entered this

>Agency Name: AGENCY NAME (ALL CAPS) - Leave "AS IS" - ECDMH has entered this >Program Name: Program Name (Bold Font) - Leave "AS IS" - ECDMH has entered this

>Program Type: Program Type - Leave "AS IS" - ECDMH has entered this Program Code: Program Code - Leave "AS IS" - ECDMH has entered this

>ClearPoint Outcome Report: (Report Name) - Leave "AS IS" - ECDMH has entered this

Please update all highlighted headings below as needed. Use <u>TRACK CHANGES</u> for any revisions so your Contract Coordinator can easily note and approve these changes. <u>Please do not add Comments</u> unless they are necessary to assist with your changes. (If you do not use Track Changes it may delay ECDMH's ability to review and approve in a timely manner.)

<u>Site Address:</u> Program address provided for 2024 contract should be included here – Update this if there has been a change in address for the Program in reference – PLEASE DO NOT LEAVE BLANK

Hours of Operation: Program days and hours of operation for 2024 contract are included here
 Update this if hours have changed – PLEASE DO NOT LEAVE BLANK

Operating Capacity: Program operating capacity for 2024 contract is included here which is the total number of individuals that can be served at one time – Update, as needed – PLEASE DO NOT LEAVE BLANK – if this does not apply mark N/A

These 2 items below do not apply for CCSI and have been removed from their SoS

Annualized Number to be served in 2023: - Update - PLEASE DO NOT LEAVE BLANK

Projected Number to be served for 2024: - Update - PLEASE DO NOT LEAVE BLANK

<u>Service Description:</u> – Update for 2024, as needed 2024 Service Description written here

<u>Target Population:</u> – Update for 2024, as needed 2024 Target Population written here

Special Population: – Update for 2024, as needed 2024 Special Population indicated here



Notes: – Update for 2024, as needed

Any Notes from 2023 written here, please update for 2024

(Enter the name, title & email for person who has reviewed, completed and submitted this Scope of Service for 2024 below).

Submitted By: Name of Agency Program Representative **Title:** Enter Title of Rep. named above

Email: Name@emailaddress.org

Agency should not complete the section below. This is for ECDMH use only.

	TO BE COMPLETED BY ECDMH ONLY
ECDMH Approved By:	
Date:	