|  | | | **APPLICANTS TO COMPLETE THIS SECTION** | | |
| --- | --- | --- | --- | --- | --- |
| **Objective #1 of 3** | **Deliverables / Key Tasks** | **Timetable** | **Can meet deliverable/**  **task**  **Y/N** | **Can meet timetable**  **Y/N** | **Justify Y/N and additional comments (applicants must provide a justification for each answer)** |
| Establish, develop and implement an E-MDT Hub in the designated region. The E-MDT Hub will be responsible for establishing, developing, and implementing E-MDTs in each of the designated counties of the Hub region to improve cross-systems cooperation and collaborations. | Establish working relationship with Lifespan’s statewide E-MDT Program for implementation and ongoing guidance, training, and support. | Immediately upon signing a contract. |  |  |  |
| Identify/hire E-MDT Coordinator in accordance with requirements and prescribed job duties. | Within 45 days of signing a contract. |  |  |  |
| Assure required training is identified and timeline established for implementation of the E-MDT Coordinator. | Within 60 days of signing a contract. |  |  |  |
| Complete and submit to Lifespan a Local County Readiness Assessment Review Tool (Reference B) for each County in the Region for E-MDT implementation. | Hub County: within first quarter of contract.  At least one additional county: within second quarter of contract.  Additional counties: within first 12 months of signing a contract. |  |  |  |
| Use required Local County Readiness Review Tool (Reference B) for each locality to develop E-MDTs in each of the counties included in the Hub Region – Clinton, Franklin, Essex, Jefferson, Lewis, and St. Lawrence. | All E-MDTs in region operational within 12 months of signing a contract. |  |  |  |
| Use NYSOFA specified policies provided by funder (Lifespan) and develop procedures specific to Hub region.  For each county in the Hub Region:   * E-MDT Coordinator reaches out to local professional organizations, developing partnerships and collaborations. * E-MDT Coordinator identifies team members and schedules initial meeting. * E-MDT Coordinator, along with the E-MDT members, determines the regular meeting schedule. * Cases of elder mistreatment, as delineated in the RFA, will be reviewed by the E-MDT and recommendations will be developed. The E-MDT Coordinator will oversee implementation of action plans in individual cases. | Within 12 months of signing a contract. |  |  |  |
| Contract with community legal services that provide services in the counties within the Hub region. | Within 6 months of signing a contract. |  |  |  |
| Establish working relationship with geriatric psychiatrist or other designated provider identified by Lifespan for access to services as needed. | Within 6 months of signing a contract. |  |  |  |
| Establish working relationship with the forensic accountant identified by Lifespan for access to services as needed. | Within 6 months of signing a contract. |  |  |  |

|  | | | **APPLICANTS TO COMPLETE THIS SECTION** | | |
| --- | --- | --- | --- | --- | --- |
| **Objective #2 of 3** | **Deliverables / Key Tasks** | **Timetable** | **Can meet deliverable/**  **task**  **Y/N** | **Can meet timetable**  **Y/N** | **Justify Y/N and additional comments (applicants must provide a justification for each answer)** |
| Record, track and report activities of E-MDTs as required. | E-MDT expenditures and program deliverables are recorded, tracked, and reported to Lifespan in accordance with allowable expenses. | On-going. |  |  |  |
| Collect and submit required data related to the E-MDT Initiative activities to Lifespan project staff on a monthly basis in a format specified by Lifespan and NYSOFA. | Due no later than 10 days after the end of each month. |  |  |  |
| Enter required data into the mandated data system. | On-going. |  |  |  |
| Complete and submit reports including prescribed annual report to Lifespan and NYSOFA including qualitative and quantitative data. | Quarterly per timetable and November 1 each year for annual report. |  |  |  |

|  | | | **APPLICANTS TO COMPLETE THIS SECTION** | | |
| --- | --- | --- | --- | --- | --- |
| **Objective #3 of 3** | **Deliverables / Key Tasks** | **Timetable** | **Can meet deliverable/**  **task**  **Y/N** | **Can meet timetable**  **Y/N** | **Justify Y/N and additional comments (applicants must provide a justification for each answer)** |
| Meet the requirements of the OVS/VOCA Elder Abuse Interventions and E-MDT Initiative. | Submit monthly vouchers to Lifespan, as outlined in Vouchering Requirements. | 10 days after the end of each month. |  |  |  |
| Maintain records for monitoring and audit. | Ongoing. |  |  |  |
| E-MDT Coordinators will attend Office of Victim Services Crime Compensation Training annually and supply documentation of training participation, as required, to Lifespan and NYSOFA. | Within first quarter of contract and annually thereafter. |  |  |  |
| Participate in monthly one-on-one technical assistance session, either by phone or a site visit with Lifespan or the New York City Elder Abuse Center (NYCEAC). | Monthly. |  |  |  |
| Participate in monthly group technical assistance phone meeting with E-MDT Coordinators, facilitated by NYCEAC. | Monthly. |  |  |  |
| Complete and submit contract requirements to Lifespan, including updated annual work plan and budget. | Annually and as required. |  |  |  |