



Iowa Department of Human Services

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GENERAL LETTER NO. 16-G-AP-35

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter G, **DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX**, Contents (page 1), revised; pages 20, 39, 40, and 41, revised; page 42, new; and the following forms:

470-2328 *Multidisciplinary Team (MDT) Agreement*, revised
RC-0131 *Multidisciplinary Team Practice Guidance*, new

Summary

Chapter 16-G-Appendix is revised to:

- ◆ Rename form 470-2328 from *Dependent Adult Abuse Multidisciplinary Team Agreement* to *Multidisciplinary Team (MDT) Agreement*.

This form was standardized so that service areas need only one form to assemble teams for either child abuse or dependent adult abuse MDTs. The instructions have been updated to reflect these changes.

- ◆ Add instructions and RC-0131, *Multidisciplinary Team Practice Guidance*. RC-0131 is an internal desk aid to provide directive in completing form 470-2328, *Multidisciplinary Team (MDT) Agreement*.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter G, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 20, 2012
20	October 14, 2011
470-2328	2/03
39-41	April 20, 2012

Additional Information

Refer questions about this general letter to your area service administrator.

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Multidisciplinary Team (MDT) Agreement, Form 470-2328

Purpose	The purpose of form 470-2328 is to formulate an agreement between the Department and various individuals and agencies for consultation during the course of abuse assessments to discuss assessment, diagnosis, coordination of services, possible referrals, and disposition. Multidisciplinary teams (MDTs) will be convened at the Department's request during the course of an assessment or evaluation. No case specific information can be discussed outside the scope of the abuse assessment and evaluation.
Supply	This form may be completed on line (except for signatures) using the template in Outlook under Public Folders: All Public Folders: State Approved Forms: Service. Otherwise, photocopy the form from the sample in this appendix.
Completion	All parties of the multidisciplinary team must sign during the formulation of a multidisciplinary team and before the dissemination of any individual dependent adult abuse information. Any ad hoc members whose participation has been approved by the Department, must sign each and every time they attend the meeting. The form is considered complete and the team is considered approved by the service area manager or designee as evidenced by signature on form 470-2328. Each agreement must be signed again by all parties at least annually on or before July 1 of each year with final approval by the service area administrator or designee.
Distribution	The service area administrator or designee maintains one copy, furnishes one copy to central office, and gives a copy to each team member.
Data	Complete the name of the team members and the date of the agreement. Additional lines may be added for the signature of team members.



Multidisciplinary Team (MDT) Agreement

Child Abuse MDT Dependent Adult Abuse MDT Both

WHEREAS, the Department has statutory responsibility to respond to abuse reports and recommend whether court action be taken, and, if so, what action, and

WHEREAS, many professionals and interested persons in the community have expertise in the area of child and dependent adult abuse, neglect or protection and have demonstrated concern for children and dependent adults in the community, and

WHEREAS, the formation of a joint body to review incidents of suspected child or dependent adult abuse or neglect and to assist the Department in protecting children and dependent adults from abuse is desirable, and

WHEREAS, the Department has statutory authority to disseminate abuse information to lawfully constituted multidisciplinary teams,

NOW, THEREFORE, the _____, here called the "team," and the Iowa Department of Human Services, here called the "Department," agree on this _____ day of _____, 20____, to the following terms and conditions:

1. The team is composed of Department representatives and persons in the community with experience and skills in the protection of children and dependent adults from abuse and who are authorized by law to serve on the team as defined in Iowa Code sections 235A.13 and 235B.1. Members serve on a voluntary basis at the request of the Department. The Department has sole responsibility for the selection of its members.
2. The purposes of the activities of the team are solely to assist the Department in the assessment, diagnosis, and disposition of child and/or dependent adult abuse cases.
3. The team will select its time and place for meetings at the convenience of the members.
4. If consultation is deemed necessary by the Department, during the course of the assessment or evaluation of alleged abuse, the team will review and provide recommendations.
5. The Department may consider the recommendation of the team in a specific abuse case but shall not be bound by the recommendation in any way.
6. Any written report or document produced by the team shall be made a part of the Department's assessment file for the case and shall be subject to all confidentiality provisions of Iowa Code sections 217.30, 235A, and 235B and 441 Iowa Administrative Code Chapters 175 and 176. Any written records maintained by the team shall be destroyed when this Agreement lapses.
7. No team member shall redisseminate child or dependent adult abuse information obtained solely through the multidisciplinary team. This shall not preclude redissemination of information as authorized by Iowa Code.
8. The team members serve without compensation from the Department. Department representatives receive no additional compensation for serving as team members.

9. Office supplies necessary to the operation of the team will be provided by the Department. The team will acquire no other real or personal property.
10. Any professional work, including treatment, research or publication, undertaken by team members using information obtained from team meetings will be initiated only after obtaining Department authorization through regular procedures.
11. Any party to this Agreement may withdraw with or without cause upon 30 days' notice. This Agreement will expire annually on July 1 unless extended by mutual agreement of the parties. Agreements must be renewed annually on or before July 1 of every year.
12. Individuals may be added to the team on an ad hoc basis for a specific case review with the approval of the Department. Any individual not a part of the regular team makeup, and identified on the current signed Agreement, shall sign and date page five of this Agreement for each meeting attended during the term of the Agreement. This page may be duplicated as needed, but shall be maintained with the original signed team Agreement. By signing, the ad hoc member agrees to the same terms and conditions of regular team members.

Multidisciplinary Team (MDT) Core Members

Medical Member		Public Health and/or Nursing Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Mental Health Member		Social Work Member (non-DHS)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
County Attorney		Law Enforcement Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
DHS Protective Services Member		Other (i.e., Service Provider)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

Multidisciplinary Team (MDT) Core Members (Cont.)

This sheet can be used for any additional members of the core team. Indicate the discipline each additional member represents. This page may be duplicated as needed.

Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	

Child Multidisciplinary Team (MDT) Members

Victim Services Member		Substance Abuse Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Child Development and/or Education Member		Juvenile Court Services Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Other (i.e., Service Provider)		Other (i.e., Service Provider)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

Dependent Adult Multidisciplinary Team (MDT) Members

Area Agency on Aging		Other (i.e., Adult Service Provider)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
Other (i.e., Adult Service Provider)		Other (i.e., Adult Service Provider)	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	

Department of Human Services Approval

Agency, Iowa Department of Human Services	
Signature of authorized representative:	Date:
Printed name:	
Title: Service Area Manager or Designee	

Ad Hoc Member Attendance

With approval of the Department, ad hoc members may be asked to participate in a specific MDT meeting. Any ad hoc member, not on the original team Agreement, shall sign in to each and every meeting attended. This page may be duplicated as needed, but shall be maintained with the original signed team Agreement. By signing, the ad hoc member agrees to the same terms and conditions of regular team members.

Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
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Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
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Title:		Title:	
Discipline:		Discipline:	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	



Iowa Department of Human Services

Child Abuse and Dependent Adult Abuse
Multidisciplinary Team Practice Guidance

Overview

Multidisciplinary Teams (MDTs) are to be used for consultation during the course of abuse assessments to discuss assessment, diagnosis, coordination of services, possible referrals, and disposition. MDTs are defined under the following:

- Iowa Code 232.71(B), 235A.13(8), and 235B.1
- 441 Iowa Administrative Code 175.32(3), 175.36(235A), and 176.15(235B)

Form 470-2328 is the *Multidisciplinary Team (MDT) Agreement* for the Iowa Department of Human Services. This form is specifically for use with MDTs defined under the Code citations above. Please note that there are different types of multidisciplinary teams outlined in other Iowa Code sections. Form 470-2328 and affiliated protocols are not transferrable to other types of MDTs outlined in other sections of the Iowa Code or Administrative Rules. The Department is not bound by MDT recommendations.

MDTs are composed of team members outlined in the code citations mentioned above. Members of a team shall include, but are not limited to professionals practicing in the disciplines of:

- Medicine,
- Nursing,
- Public health,
- Mental health,
- Social work,
- Domestic violence,
- Child development,
- Education,
- Law,
- Probation, or
- Other disciplines relative to serving children or dependent adults.

The members serve voluntarily and must be approved by the Department.

Foundational Elements

- MDTs shall be developed in county or multicounty areas in which more than 50 child abuse cases are received annually. Local or regional teams, according to service area, can be used to include dependent adult protective assessments as well. MDTs may contain some of the same core members for either child abuse or dependent adult abuse consultation.

- According to Iowa Code, MDTs for dependent adults must include the:
 - Area Agencies on Aging (also now the Aging and Disability Resource Centers),
 - County attorneys,
 - Health care providers, and
 - Other persons involved in advocating or providing services to dependent adults.
- MDT members are selected and established by the Department through execution of the *Multidisciplinary Team (MDT) Agreement*, form 470-2328. The team is considered approved by the service area manager (SAM) or designee as evidenced by signature on the *Agreement* annually, on or before July 1 of each year. Members can also be added on an ad hoc basis as needed with approval from the Department.
- MDTs shall be convened at the Department's request during the course of an abuse assessment or evaluation.
- The specific function of the MDT is to assist the Department during the course of abuse assessments and evaluations only. No case specific information can be discussed outside the scope of the abuse assessment or evaluation.
- The Department is not bound by the team's recommendations.
- Any written information distributed by the Department to the MDT should be collected upon termination of the meeting.
- Team recommendations or consultation should be documented in the contacts portion of the assessment or evaluation.
- Copies of renewed *MDT Agreements* should be forwarded July 1 of each year to program managers for child abuse and dependent adult abuse. Please include any ad hoc additions to your teams.

Multidisciplinary Team Establishment

- Every service area must have MDTs available to child abuse and dependent adult abuse protective workers. The teams must consist of standing members who can be convened during an assessment. Ad hoc members can be asked to participate as needed but must be approved by the Department. Ad hoc members must also sign form 470-2328 when attending the MDT.
- Each service area needs to identify and mobilize local efforts to recruit professionals to participate in and sustain MDTs. The Department is required to have MDTs per Iowa Code.
- Identifying an MDT coordinator for each service area is recommended, but not required.

- MDTs may be used for both children and dependent adults. Please use the MDT core members page to indicate those people who will attend both types of MDT. Core members would include:
 - County attorneys,
 - The Department of Human Services,
 - A medical professional,
 - Public health or nursing,
 - A mental health professional,
 - A service provider, and
 - Law enforcement.
- **Child MDTs** require a different core group composition than dependent adults. You may invite Juvenile Court Services, Area Education Agencies, or other service providers.
- **Dependent Adult MDTs** require core group inclusion of the Area Agencies on Aging. You may invite other community agencies such as the Office of the Substitute Decision Maker, a Consumer-Directed Attendant Care (CDAC) provider, or other adult service providers.

Procedures

- Team members must know what is expected of them. Each discipline has an area of expertise and the Department must clearly express the expectations of each member for an effective group process.
- Going over the *MDT Agreement* as a group is recommended to establish the scope of the team's role and expectations of the members.
- Multidisciplinary Team members have immunity from civil or criminal liability for aiding and assisting the Department in an abuse investigation.
- The frequency of the meetings is as needed during abuse assessments. There is no minimum or maximum frequency or duration specified as long as a meeting does not occur outside the scope of an abuse assessment.
- Cases to be presented are selected by the Department. If a case is put forth for discussion by another team member, the Department must decide if the case can be reviewed by the team.
- Cases can be presented to the team in the way determined most efficient *for the worker* seeking consultation.
- Ad hoc members must sign in every time they are in attendance. The SAM or the SAM's designee should receive a copy of ad hoc member attendance.
- No visitors are permitted to attend Multidisciplinary Teams. Confidentiality concerning child abuse and dependent adult abuse laws prevent anyone who is not a team member from attending. An exception to this is of course, the Department social worker presenting the case.
- Each *Agreement* must be renewed on or before July 1 of each year. A copy must be sent to Central Office. Each service area can retain copies at their discretion.

Multidisciplinary Team Practice Guidance, RC-0131

Purpose	The <i>Multidisciplinary Team Practice Guidance</i> provides a directive as to how to complete form 470-2328, <i>Multidisciplinary Team (MDT) Agreement</i> .
Source	Print or photocopy supplies of the <i>Multidisciplinary Team Practice Guidance</i> from the sample in the manual.
Distribution	The <i>Multidisciplinary Team Practice Guidance</i> is an internal desk aid.

[Dependent Adult Protection Handbook, Comm. 96](#)

Purpose	<p>The <i>Dependent Adult Protection Handbook</i> supplements material contained in 16-G. It is designed as a decision tree to help the worker answer the questions:</p> <ul style="list-style-type: none">◆ Is this an appropriate referral?◆ Is this a founded report?
Source	<p>This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.</p>
Data	<p>Refer to material in the <i>Handbook</i> for clarification of:</p> <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)

Purpose	<i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i> is used to provide information regarding definition and statutory obligations for mandatory reporters in identification and reporting of suspected dependent adult abuse.
Source	This <i>Handbook</i> is not stocked at Anamosa. Click on the booklet title on this page for a sample of the booklet that can be printed if desired.
Distribution	The booklet has been designed for internal and external use. People requesting this booklet should be directed to the DHS Policy Analysis web site.

[Facility, Agency, and Program Evaluation Handbook, Comm. 195](#)

Purpose	The <i>Facility, Agency, and Program Evaluation Handbook</i> supplements material contained in 16-G. It provides a guide for procedures to use in evaluating dependent adult abuse perpetrated by a caregiver in out-of-home care settings.
Source	This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.
Data	Refer to material in <u>Comm. 96, Dependent Adult Protection Handbook</u> , for clarification of: <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.