



Iowa Department of Human Services

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September 25, 2015

GENERAL LETTER NO. 17-AP-33

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

SUBJECT: Employees' Manual, Title 17, **CHILD WELFARE APPENDIX**, Contents (pages 1 through 5 and 7), revised; pages 10 and 27, revised; pages 128a, 192a, 192b, and 248, new; and the following forms:

470-4538	<i>Agreement and Consent for Activities of a Child in Foster Care, revised</i>
470-2328	<i>Multidisciplinary Team (MDT) Agreement, new</i>
470-3186	<i>Request for Approval of Supervised Apartment Living Foster Care Placement, revised</i>
470-5337	<i>Rights of Youth in Out-of-Home Placement, new</i>
RC-0131	<i>Multidisciplinary Team Practice Guidance, new</i>

Summary

Chapter 17-Appendix is revised to:

- ◆ Rename form 470-4538 from *Agreement and Consent for School Activities* to *Agreement and Consent for Activities of a Child in Foster Care*.

This form is used to obtain the parents' consent for their child to participate in activities, such as community, social, cultural, and school activities, while their child resides in a foster family home.

This form authorizes the foster parents or foster care provider to apply reasonable and prudent parent standards regarding the foster child's participation in age-appropriate and developmentally-appropriate activities.
- ◆ Remove obsolete form 470-0639, *Child Abuse Multidisciplinary Team Agreement*. The child abuse and dependent adult abuse multidisciplinary team agreements have been combined and standardized.
- ◆ Add instructions and form 470-2328, *Multidisciplinary Team (MDT) Agreement*. This form was previously named *Dependent Adult Abuse Multidisciplinary Team Agreement*. Service areas complete form 470-2328 for either child abuse or dependent adult abuse multidisciplinary teams.
- ◆ Increase the initial allowance to assist the child in paying for start-up costs from \$600 to \$630 on form 470-3186, *Request for Approval of Supervised Apartment Living Foster Care Placement*.

- ◆ Add form 470-5337, *Rights of Youth in Out-of-Home Placement*. President Obama signed the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L. 113-183) into law on September 29, 2014.

This law requires states to provide children in out-of-home placement, aged 14 years and older, with a document explaining certain rights the child has. These rights are explained to a child in an age-appropriate manner and include the child's rights with respect to:

- Education,
- Health,
- Visitation,
- Court participation,
- Receiving a credit report every year while in out-of-home placement,
- Receiving specific documents if the child leaves out-of-home placement at age 18 or older, and
- Staying safe and free from abuse or exploitation.

Give the child a copy of the form after the child's caseworker explains the child's rights and the child signs and dates the form indicating the child understands. A copy of the form is made a part of the case plan.

- ◆ 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 17, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	April 12, 2013
Contents (pages 2 and 3)	October 4, 2013
Contents (page 4)	July 10, 2015
Contents (page 5)	October 4, 2013
Contents (page 7)	January 2, 2015
10	December 16, 2011
470-4538	5/08
470-0639	7/09
27	December 16, 2011
470-3186	12/11

Additional Information

Refer questions about this general letter to your area social work administrator.

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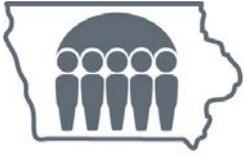
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Agreement and Consent for Activities of a Child in Foster Care, Form 470-4538

Purpose	The <i>Agreement and Consent for Activities of a Child in Foster Care</i> authorizes the foster parents or foster care provider to apply reasonable and prudent parent standards regarding the foster child's participation in age-appropriate and developmentally-appropriate activities.
Source	Double-click on the form's name above to access the fillable PDF on the Department's website. The form may also be printed from the sample in the manual and completed by hand.
Completion	The Department social work case manager or the designated foster care group provider prepares the form when the foster child has been placed in foster care.
Distribution	The social work case manager or the designated foster care group provider places the original in the foster child's case file and sends a copy to: <ul style="list-style-type: none">◆ The foster child's parents.◆ The foster parents, as applicable.◆ The Department licensing worker.
Data	Complete the name of the child and the name of the parent or guardian. The parent or guardian signs and dates the form.



Iowa Department of Human Services

Agreement and Consent for Activities of a Child in Foster Care

Agreement

This agreement between the child's parent or guardian and foster parents or foster care provider is to allow _____ access to age-appropriate and developmentally-appropriate activities.

_____ acknowledges responsibility and approves the foster parent or foster care provider to apply the reasonable and prudent parent standard to authorize any of the following:

- ◆ **Community and social events** including, but not limited to, community activities, social activities with peers, and recreational activities.
- ◆ **Cultural, travel, and religious** activities.
- ◆ **Employment and job training** opportunities.
- ◆ **Educational and extra-curricular school-related** activities.

Comments:

Consent

I hereby consent to the authorization described above. I certify that I have read, or have had read to me, and fully understand the contents of this agreement and the reasons why my consent has been requested. I understand that I have the right to change or withdraw this consent at any time.

Parent or Guardian (or Legally Authorized Representative)

Date

I acknowledge the parent's or guardian's consent for the foster child's participation in these activities.

Foster Care Parent or Provider

Date

Foster Care Parent or Provider

Date

Page 27 is reserved for future use.



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

Multidisciplinary Team (MDT) Agreement, Form 470-2328

Purpose	The purpose of form 470-2328 is to formulate an agreement between the Department and various community professionals for consultation during the course of abuse assessments to discuss assessment, diagnosis, coordination of services, possible referrals, and disposition.
Source	This form may be completed on line using the template in the public state-approved forms folder on Outlook.
Completion	<p>Complete the form during the formation of a multidisciplinary team before the dissemination of any individual child abuse information.</p> <p>All parties of the multidisciplinary team must sign, with final approval being the service area manager or designee. Any ad hoc members, whose participation has been approved by the Department, must sign in to each and every meeting attended. Ad hoc members shall be provided with the general terms and conditions of regular team members.</p> <p>All parties must resign each agreement at least annually, by July 1 of each year.</p>
Distribution	The service area manager or designee maintains the original agreement. Furnish one copy to each member of the team and one copy to Central Office, Division of Adult, Children and Family Services.



Request for Approval of Supervised Apartment Living Foster Care Placement

Child's Name	Date of Birth	County	Date
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The child must meet the following criteria for approval of supervised apartment living foster care:

- Child is at least 16½ years old for cluster site placement and 17 years old for scattered site placement.
- Child needs foster care placement and services according to Employees' Manual 17-E.
- Pre-Placement Screening for Supervised Apartment Living Foster Care*, form 470-4063, is attached.
- Child will have an approved living arrangement that meets required standards.

If under age 18 (check one):

- Attending high school leading to a high school diploma, or
- Attending a GED program leading to a GED, or
- Attending post-secondary education on a full-time basis, or
- Attending post-secondary education on a part-time basis and working part-time or participating in a work training program leading to employment, or
- If no longer attending school, employed an average of 80 hours per month or participating in a work training program leading to employment.

If age 18 or over (check one):

- Attending high school leading to a high school diploma, or
- Attending a GED program leading to a GED.
- Request waiver of requirement for continuous placement in order for child to return to foster care to complete high school or obtain GED.

An initial allowance in the amount of _____ (*maximum \$630*) is requested to assist the child in paying for deposits, furnishings, and other start-up costs.

Worker	Date	Supervisor	Date
--------	------	------------	------

Approval for Supervised Apartment Living Foster Care Placement

The request for a supervised apartment living foster care placement is: Approved Denied

Continuous placement requirement waiver is: Approved Denied

The request for an initial allowance is approved in the amount of: _____

Service Area Manager or Designee	Date
----------------------------------	------

If the child is under age 18, obtain juvenile court order for supervised apartment living placement after receiving SAM approval.

Rights of Youth in Out-of-Home Placement, Form 470-5337

Purpose	<p>Form 470-5337 describes the rights of a youth in an out-of-home placement with respect to:</p> <ul style="list-style-type: none">◆ Education,◆ Health,◆ Visitation,◆ Court participation,◆ The right to receive a credit report every year while in foster care,◆ The right to be given certain documents if the youth leaves out-of-home placement at age 18 or older, and◆ The right for the youth to stay safe and avoid exploitation.
Source	<p>Form 470-5337 is printed in pads of 25 two-part carbonized sets. Order supplies from Iowa Prison Industries at Anamosa in the usual manner.</p> <p>Supplies of the form can also be printed from the sample in the manual or the sample in the public state-approved forms folder on Outlook.</p>
Completion	<p>The Department worker must explain the rights, in an age-appropriate manner, to youth on the worker's caseload when the youth becomes 14 years of age or, if the youth is older than 14, after the youth enters out-of-home placement.</p> <p>After explaining the youth's rights, the youth must sign and date the form indicating that the worker has reviewed the rights in a way the youth understood and answered any questions the youth had.</p> <p>The worker will review the rights with the youth as needed. The youth must sign and date a new form each time.</p>

In Part C (Transition Plan section) of form 470-3453, *Family Case Plan*, the following statement appears in the transition plan:

A list of rights with respect to education, health, visitation, and court participation has been discussed with the youth. Also addressed was the right to stay safe and avoid exploitation. The rights document was provided to and signed by the youth, most recently on **(date)**. The rights document was provided to all legal parties of the case and was made part of the case plan. The document is stored in the case file.

The worker needs to put the most recent date the youth signed the form in this statement in the case plan.

Distribution

After the youth signs and dates the form give the original to the youth. Place the copy in the case file.

If the form was printed from the manual, make two copies. The youth must sign and date both copies. Give one copy to the youth. Place the other copy in the case file.

Give a signed and dated copy of the form to all legal parties of the case.



Rights of Youth in Out-of-Home Placement

Health

- ◆ You have the right to receive annual physicals including eye, ear, and dental exams. You also have the right to any routine, follow-up, and emergency treatment, as needed.
- ◆ You have the right to have your mental health needs assessed by a professional, and to receive recommended treatment and services.
- ◆ If you leave foster care at age 18 or older, you have the right to receive your most up-to-date health records and options for continued health care coverage.
- ◆ You have the right to stay safe and free from abuse or exploitation.
- ◆ At age 18 or older, you have the right to appoint a durable power of attorney for health care. In case you ever become unable to participate in health care decisions and you do not have or do not want a relative who would otherwise be authorized under state law to make such decisions, the person appointed will make health care decisions for you.

Education

- ◆ You have the right to education stability. If you must change schools, you have the right to be enrolled in your new school immediately, and to receive assistance in getting your credits transferred.
- ◆ You have the right to be enrolled in an appropriate educational setting that is fitting for you. If you need special services, those will be made available to you.
- ◆ You have the right to receive assistance with your educational and career goals and review your goals regularly with your caseworker and transition team. Your transition team should assist you with college planning and Financial Aid Applications.
- ◆ You have the right to participate in extra-curricular activities. In general, fees related to school classes and related activities are waived for children in foster care.
- ◆ If you leave foster care at age 18 or older, you have the right to be provided with your education records.

Visitation

- ◆ You have the right to be placed close to your home proximity, and with your siblings, and to receive an explanation if there are reasons that this cannot occur.
- ◆ You have the right to reasonable communication and visitation with your parents and siblings, unless it would not be positive to you or your family member's physical or emotional well-being.
- ◆ You have the right to contact, visit, and exchange information with your foster care placement before moving there.
- ◆ You have the right to monthly visits with a caseworker. If you are placed out-of-state, you have the right to be visited by a caseworker at least every six months. You also have the right to communicate privately with your attorney and worker about any concerns you are having.

Court Participation

- ◆ You have the right to representation through a guardian ad-litem and an attorney, if necessary, to advocate for your best interests and desires.
- ◆ You have the right to identify two people to help you develop your case plan, who may also advocate for you to participate in healthy opportunities and activities that interest you.
- ◆ You have the right to participate in your court hearings and case reviews which will determine if your foster care placement is still appropriate for you and if you are receiving the services, supports, activities, and referrals to programs that would best assist you in preparing for successful adulthood.

Documents

- ◆ If any consumer credit reports exist for you, you have the right to receive a copy every year while you are in foster care. Your caseworker will assist you in understanding the credit report and resolving any inaccuracies.
- ◆ If you leave foster care at age 18 or older, you have the right to receive your certified birth certificate, social security card, and driver's license or state identification card.

My worker has gone through my rights with me in a way that I understand and answered any questions I had. I understand my rights for health, education, visitation, court participation, and documents I am to receive. I have received a copy of this document.

Youth's Signature

Date

RC-0131, Multidisciplinary Team Practice Guidance

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.



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.