

Iowa Department of Health and Human Services
**Dependent Adult Multidisciplinary Team (MDT)
Agreement**

WHEREAS, the Department has statutory responsibility to respond to reports of dependent adult abuse 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 dependent adult abuse, neglect or protection and have demonstrated concern for dependent adults in the community, and

WHEREAS, the formation of a joint body is to assist in assessing the needs of, formulating and monitoring a treatment plan for, and coordinating services to victims of dependent adult abuse, 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 who possess knowledge and skills related to the diagnosis, assessment, and disposition of dependent adult abuse cases and who are professionals practicing disciplines relative to dependent adults as defined in Iowa Code section 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 dependent adult abuse cases. The disposition of a case may include the provision for treatment recommendations and services.
3. The team will select its time, place and modality 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. Any team member may cause a dependent adult abuse case to be reviewed if approved by the department through use of the process of requesting adult abuse information.
6. 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.
7. 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, 235B and 441 Iowa Administrative Code Chapters 176. Any written records maintained by the team members shall be destroyed when this Agreement lapses.
8. No team member shall disseminate information obtained solely through the multidisciplinary team. This shall not preclude dissemination of information as authorized by Iowa Code.
9. The team members serve without compensation from the Department. Department representatives receive no additional compensation for serving as team members.
10. 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.

11. 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.
12. 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.
13. 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 (Geriatrician/Medical Provider)		Public Health 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 Member		Law Enforcement Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Alternate:		Alternate:	
DHS Adult Protective Services Member		Public Guardian Member	
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: Area Agency on Aging Member		Discipline: Geropsychologist/Neuropsychology Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline: Financial Institution Representative Member		Discipline: Ombudsman Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline: Medical Examiner Member		Discipline: Financial Crimes Specialist Member	
Signature of authorized representative:	Date:	Signature of authorized representative:	Date:
Printed name:		Printed name:	
Title:		Title:	
Discipline: Substance Abuse Member		Discipline: Long Term Care Member	
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:	

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 into 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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