

MINNESOTA GOVERNMENT DATA PRACTICES ACT
2016 INVENTORY OF NOT PUBLIC DATA ON INDIVIDUALS

Clay County	Responsible Authority - Rhonda Porter Clay County Social Services Director		Department/Division Social Services Adult Mental Health-TCM-Rule 79		Employee Work Access
Name of Form, Record, File, System, or Process	Description (Purpose, what it collects, in terms understandable by general public)	Classification	Citation for Classification (Statute, Law, or Rule)	Designee (Name, Title)	(Name, Title)
Notice of Availability of Adult Mental Health Targeted Case Management	Notice to new referrals about AMH-TCM; recipient checks box to receive or not	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Application for Social Services DHS 2140	Form used to request services provided by Clay County Social Services	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Case Aides, Support Staff, Supervisor, Director
Case Management Intake Information	Gathers basic information for intake	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Release of Information	Releases Information from one party to another	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Adult Diagnostic Verification Form DHS-6069A	Verification of SPMI diagnosis	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
LOCUS Form	Level of Care Utilization Rating completed with each client	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Targeted Case Management Data Transmittal Form	Informs Income Maintenance Unit of the start and end dates for AMH-TCM for a client	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director

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Notice to Psychiatric Service Provider	Notice sent to client's provider informing them who the case manager is	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Medication Log	Used to document client's updated medications	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Notice of Privacy Practices DHS-3979	Privacy Notice-clients sign and date	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Receipt of Notice of Privacy Practices	County HIPPA form-worker completes if client refuses to sign Notice of Privacy Practices	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Agreement for AMH-TCM	Agreement between client and case manager, outlining basic expectations.	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
BCOW AMHI Individual Wellness & Crisis Plan	Individualized Crisis Plan Form for case manager to develop with client	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Functional Assessment	Gathers functional assessment data about a client	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Clay County Individual Treatment Plan (ITP)	A written treatment plan developed with client and reviewed every six months	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director

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Health Plan Forms	Dependent on if the client is on a health plan or not- required forms are used	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Provider Release of Information Forms	When providers request their ROI be used instead of the DHS one. This could be LMHC, Solutions, Sanford, Essentia, PSJs, etc.	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Supervision Record-Rule 79 Case Management	A record of clinical supervision with each individual case file	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Mental Health Targeted Case Management Universal Transfer Form DHS-6063	Used to communicate a case transfer	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director
Case Notes	Notes made in the SSIS system regarding a specific case	Private	M.S. 13.46, subd. 2	Pat Boyer, Social Services Supervisor	County Agency Social Workers, Support Staff, Supervisor, Director