Michelle G. Fry, J.D., Ph.D. State Director **Janet Brock Priest** Associate State Director **Operations** Lori Manos Associate State Director Policy **Constance Holloway** General Counsel Harley T. Davis, Ph.D. Chief Administrative Officer Nancy Rumbaugh Interim Chief Financial Officer **Greg Meetze** Chief Information Officer

DATE:



3440 Harden Street Extension Columbia, South Carolina 29203 803/898-9600

Toll Free: 888/DSN-INFO Home Page: www.ddsn.sc.gov COMMISSION
Stephanie M. Rawlinson
Chairman
Barry D. Malphrus
Vice Chairman
Robin B. Blackwood
Secretary
Gary Kocher, M.D.
Eddie L. Miller
David L. Thomas

Michelle Woodhead

MEMORANDUM

TO: Executive Directors, DSN Boards of Case Management

CEOs, Contracted Service Providers of Case Management

Case Management Supervisors

FROM: Lori Manos, Associate State Director-Policy

RE: Caregiver's Birth Year

August 17, 2022

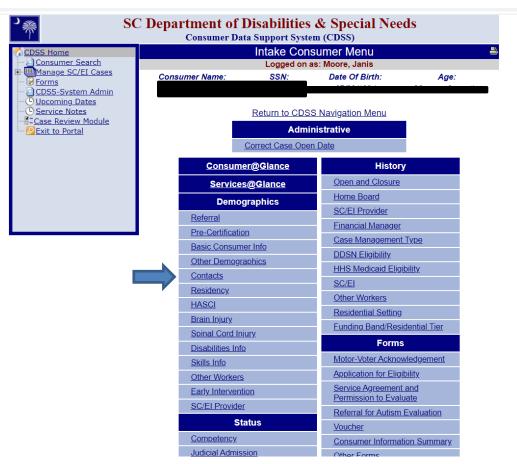
To assist with appropriate planning and resource development and improve data quality, DDSN is requesting the primary contact information for caregivers, including the caregiver's year of birth, be updated as soon as possible in The Consumer Data Support System (CDSS). Currently, only 21.6% of those eligible for DDSN services who live at home (not receiving Residential Services) have caregiver data present in CDSS.

To update this information in CDSS, go to Consumer Search > CDSS Consumer Menu > Contacts, which is located in the left column. To add a new contact, select "click here to add a new contact." Complete the contact information and if the contact is a caregiver, check the caregiver box and enter the caregiver's year of birth.

To edit an existing contact, select edit by the contact's name and follow the above instructions. Below are screenshots to assist you with updating this information.

Case Managers must update this information for all who live at home with a caregiver during the next required contact. All information must be updated no later than November 30, 2022.

If you have any questions, please contact Janis Moore at <u>janis.moore@ddsn.sc.gov</u>.





Copyright © 2022, SCDDSN
Contact us at helpdesk@ddsn.sc.gov
DDSN Home | DDSN Application Portal
Best viewed in Internet Explorer at 800x600

	Const	umer Data Support Sys	stem (CDSS)		
CDSS Home	Contacts - Add				
Consumer Search Manage SC/EI Cases				Moore, Janis	
🗑 <u>Forms</u>	Consumer Na	ame: SSN:	Date O	f Birth:	Age:
CDSS-System Admin					
Upcoming Dates Service Notes					
Case Review Module	Contact Name:				
Exit to Portal	Prefix:				
	First Name:		*	Middle	
			*	Initial:	
	Last Name:			Suffix:	
	Relationship:				
	Personal:		*		
	Professional:				
		Legal Guardian			
		☐ Power of Attorney			
		☐ Surrogate Consent	Giver		
		☐ Residential Setting			
		_ reconstruction of thing			
	Caregiver: Yea	ar of Birth:			
•					
,					
,	Mailing Address :	(clear mailing address)			
·	Mailing Address : Line 1:	(clear mailing address)	*		
,		(clear mailing address)	*		
,	Line 1:	(clear mailing address)	*	State:	SC √ *
,	Line 1: Line 2: City:	(clear mailing address)	*		
,	Line 1: Line 2:		*	State: County:	
,	Line 1: Line 2: City:		*		
	Line 1: Line 2: City:				
	Line 1: Line 2: City: ZipCode:	*+			
	Line 1: Line 2: City: ZipCode:	*+		County:	
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1:	*+	Ext	County:	ype:
	Line 1: Line 2: City: ZipCode:	*+	Ext	County:	ype:
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1)	*+		County:	ype: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2:	*+	Ext	County:	Type:
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1)	*+		County:	Type:
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2)	*+	Ext	County:	ype: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2) Phone 3:	*+		County:	Type: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2)	*+	Ext	County:	Type: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2) Phone 3:	*+	Ext	County:	Type: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2) Phone 3: (clear phone 3)	*+	Ext	County:	Type: V
	Line 1: Line 2: City: ZipCode: Phone Numbers: Phone 1: (clear phone 1) Phone 2: (clear phone 2) Phone 3: (clear phone 3) Phone 4:	*+	Ext	County: TRelationship: Relationship:	Type: V

Copyright © 2022, SCDDSN
Contact us at helpdesk@ddsn.sc.gov
DDSN Home | DDSN Application Portal
Best viewed in Internet Explorer at 800x600



Copyright © 2022, SCDDSN
Contact us at helpdesk@ddsn.sc.gov
DDSN Home | DDSN Application Portal
Best viewed in Internet Explorer at 800x600

Click here to add a new contact Save Reset