



South Dakota
Department of
Social Services

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE
LONG TERM CARE
PO BOX 2440, RAPID CITY, SD 57709
PHONE: 605-394-2525
FAX: 605-394-2568

March 3, 2022

Case Number: 001286794

David Schied
PO BOX 321
Spearfish, SD 57783

Why you are getting this letter

We have received your application for Medical Assistance. Though we may still require additional information to determine your eligibility, no further financial information is needed from you at this time. You should receive a final determination by 03/24/2022.

What we are waiting on

We are waiting for your appropriate level of care to be determined. You must cooperate with the DHS Long Term Services and Supports assessment process in order for this to occur.

Estimated Cost Share

Based on the information received with your application, your estimated monthly cost share to a provider is \$0.00. You should continue to pay this estimated amount to a provider while your application is pending to assure that your total resources do not exceed \$2,000.

Angie Reichert, Long Term Care Supervisor

Angie Reichert
Long Term Care Supervisor

605-394-2525 x 2000106
Telephone Number

What if I have questions

If you have questions or need assistance, please contact your Benefits Specialist. Contact information is at the top of this document.

How to request a hearing

If you believe we've made a mistake or you do not agree with the action the Department has taken, you may appeal our decision. You can have a conference with your Benefits Specialist and receive a full explanation of the proposed action as long as you request the conference **within 15 days of when the notice was sent to you.**

If you still do not agree with the proposed action or wish to proceed directly to a hearing, you may begin the process by filing a signed, written request for a hearing to the Office of Administrative Hearings, 700 Governors Drive, Pierre, SD 57501-2291, Fax (605) 773-6873. You may also request a hearing via telephone by calling (866) 357-2544 or by e-mail at ADMHRNGS@STATE.SD.US. The request must state the action that is being appealed. At both the conference and the fair hearing, you can present your case by yourself or with assistance of others including legal counsel. The cost of legal counsel will not, however, be the responsibility of the Department. You may request a hearing up to **thirty (30) days** after notice of the proposed action, or **thirty (30) days** after action should have been taken as provided by law or rule.

If you want to ensure that your payments remain the same pending the hearing decision, you must request within **ten (10) days** after the notice of the proposed change. If the action of the Department is upheld, you may have to repay the amount of money you received during the hearing process. If you have any questions about hearings or time limits, contact your Benefits Specialist. You may request your Benefits Specialist to assist you in your request for a hearing.

Nondiscrimination

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence Against Women. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

Fair Credit Reporting Act

This action may have been based in part on a report from Accuity, Inc. Accuity was not involved in the decision-making process, and cannot give reasons for it. However, you have the right to receive a free copy of the report upon request to Consumer Center, Attn: Accuity, PO Box 105108, Atlanta, GA 30348 within **sixty (60) days** and may dispute the accuracy or completeness of any information contained therein.

Language Assistance

Español (Spanish)- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673. (TTY:711)

Deutsch (German)-ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY:711)

Regulation citation

ARSD 67:46:02:04