



South Dakota
Department of
Social Services

**OFFICE OF THE SECRETARY
DIVISION OF LEGAL SERVICES**
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605.773.3305
FAX: 605.773.7223
dss.sd.gov

March 30, 2022

David Schied
PO Box 321
Spearfish, SD 57783

RE: Information Request

Dear Mr. Schied,

The Department of Social Services' (DSS) is in receipt of your public record requests of March 17, 2022. DSS can provide the following responses to your requests, in order:

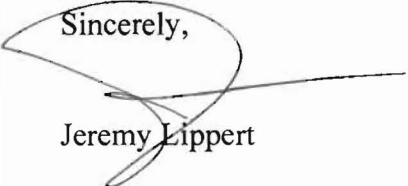
You requested the "referral sent to us by EA/LTC for potential HOPE waiver services." That document is attached to this letter. We have covered your Social Security number and applicant/recipient number to ensure your privacy.

You requested "the email address and phone number for Ryan Brunner, who was recently transferred to the GOVERNOR'S inner office staff as 'senior policy advisor.' I additionally wish to have all documentation related to Melissa Klemann as the GOVERNOR's former 'senior policy advisor,' particularly during her time in working for the OFFICE OF THE GOVERNOR."

DSS does not have documentation related to Ryan Brunner's or Melissa Klemann's work in the Governor's office. As a general matter, SDCL 1-27-1.5 lists certain records that are not open to inspection and copying, including: personnel information, other than salary and directory information (7); correspondence, memoranda, calendars or logs of appointments, working papers, and records of telephone calls of public officials or employees (12); and other internal records (24). However, salary and routine directory information for state employees are public and can be found at <https://open.sd.gov/employees.aspx> and <https://apps.sd.gov/dp51SWPB/DP51InternetSearch.aspx> if you search by name.

To the extent you consider this to be a denial, in whole or in part, please refer to SDCL §§ 1-27-35 through 1-27-44 for any remedies that may be available to you.

Sincerely,



Jeremy Lippert

Lippert, Jeremy

From: Reichert, Angie
Sent: Thursday, February 24, 2022 5:33 PM
To: Dakota At Home
Cc: Ellenbecker, Laura
Subject: Waiver Template - DS

Importance: High

Waiver Type: IN-HOME WAIVER

Applicant/Recipient Name: DAVID SCHIED

Applicant/Recipient Number: [REDACTED]

Applicant/Recipient SSN: [REDACTED]

Date of Birth: 08/22/1957

Facility name & address OR In-Home Waiver address: PO BOX 321, SPEARFISH, SD 57783

Contact Information: SELF - 605-580-5721 OR PRIMARY NUMBER 605-801-0294 (PLEASE TRY THIS ONE FIRST)

Date of Application: 02/07/2022

Physician (if known): DR. MICHAEL BERENS

Other information: PLEASE CALL HIM TO COMPLETE THE ASSESSMENT OVER THE PHONE

LTC/LTSS Specialist: LTC-ANGIE REICHERT

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This section to be completed by LTC EABS:

LOC date: _____

LOC has been received and this individual has been determined financially eligible for waiver services as of: _____

Individual is currently on Regular Assisted Living (yes or no): NO

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This section to be completed by LTSS Specialist:

This individual is authorized to begin waiver services as of *(date cannot be before financial eligibility date, level of care date, or care plan signature date):* _____

Provider Name: _____

Provider Address: _____



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David Schied
PO Box 321
Spearfish SD 57783

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