



South Dakota  
Department of  
**Social Services**

**DEPARTMENT OF SOCIAL SERVICES**  
**DIVISION OF ECONOMIC ASSISTANCE**

Long Term Care  
912 E Sioux Ave, Pierre, SD 57501

**PHONE:** 605-773-3612

**FAX:** 605-773-5390

**May 3, 2021**

Case Number: 000522733

David Schied  
PO Box 321  
Spearfish SD 57783

**Why you are getting this letter**

Your application for Medical Assistance has been denied effective 5/3/2021 because you do not meet a required level of care. Please see page two (2) of this notice if you believe we've made a mistake. You may re-apply at any time.

**What if I receive Supplemental Security Income (SSI)**

If you receive Supplemental Security Income, your Medicaid coverage will continue in any month you continue to receive a payment.

5/11/21 Called Nancy Giovanetti -  
"Medical Assistance" = Medicaid  
↳ = the "Waiver" Program  
  
HOPE ADLS = denied  
Waiver = denied

**Nancy Giovanetti**  
**Economic Assistance Benefits Specialist**

605-773-3612 ext 3600236  
Telephone Number