

David Schied  
P.O. Box 321  
Spearfish, South Dakota 57783  
605-580-5121 (all calls recorded)

6/19/2021 (finished on 8/3/21)

**ATTENTION: Kristi Noem, SOUTH DAKOTA GOVERNOR**

**Kim Malsam-Rysdon, SECRETARY and SENIOR ADMINISTRATOR for DOH –**

**[Kim.Malsam-Rysdon@state.sd.us](mailto:Kim.Malsam-Rysdon@state.sd.us)**

**Shawnie Rechtenbaugh, SECRETARY and SENIOR ADMINISTRATOR for DHS –**

**[shawnie.rechtenbaugh@state.sd.us](mailto:shawnie.rechtenbaugh@state.sd.us)**

**Laurie Gill – SECRETARY and SENIOR ADMINISTRATOR for DSS –**

**[DSSInfo@state.sd.us](mailto:DSSInfo@state.sd.us)**

**Mary Rea – [mary.rea@state.sd.us](mailto:mary.rea@state.sd.us)**

**Leslie Lowe – [leslie.lowe@state.sd.us](mailto:leslie.lowe@state.sd.us)**

**Rogine Page – [rogine.page@state.sd.us](mailto:rogine.page@state.sd.us)**

**Laura (Nord) Charter – [laura.charter@state.sd.us](mailto:laura.charter@state.sd.us) ; [laura.nord@state.sd.us](mailto:laura.nord@state.sd.us)**

**Sharon Maher – [Sharon.Maher@state.sd.us](mailto:Sharon.Maher@state.sd.us)**

**Nancy Giovanetti – [nancy.giovanetti@state.sd.us](mailto:nancy.giovanetti@state.sd.us)**

**Jennifer Lewis – [jennifer.lewis@state.sd.us](mailto:jennifer.lewis@state.sd.us)**

**Val Clauser – [val.clauser@state.sd.us](mailto:val.clauser@state.sd.us)**

**SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES – PROGRAM INTEGRITY**

**[ProgramIntegrity@state.sd.us](mailto:ProgramIntegrity@state.sd.us)**

**John Osburn – ADMINISTRATOR, SOUTH DAKOTA DEPT. OF HEALTH, OFFICE**

**OF HEALTH PROTECTION – [john.osburn@state.sd.us](mailto:john.osburn@state.sd.us)**

**Jason Revnsborg and Richard Bauman – ATTORNEY GENERAL and “Incompetent” INVESTIGATOR  
OFFICE OF THE SOUTH DAKOTA ATTORNEY GENERAL**

**1302 E Hwy 14, Suite 1 Pierre, SD 57501-8501**

RE: 1) **“CONSTRUCTIVE DENIAL” OF MEDICAID by the STATE** to recent *“totally and permanently disabled quad-amputee”* based on the single criteria of being able to *“bathe myself”*;  
2) **“CONSTRUCTIVE DENIAL” OF “FULL FAITH AND CREDIT” by the STATE to previous recipient of MEDICAID** upon arrival to S. Dakota as a declared *“REFUGEE”* and *“CRIME VICTIM”* from the CORRUPT *“STATE OF MICHIGAN”*;  
3) **“CONSTRUCTIVE DENIAL” OF MEDICAL REIMBURSEMENT** to the same based upon *“REFUGEE’s”* and *“CRIME VICTIM’s”* questioning of COERCION by the STATE to sign *“UNDER PENALTY OF PERJURY”* to identify himself as a *“TAXPAYER”* rather than a *“BENEFICIARY”* of the WELFARE SYSTEM;  
4) **“CONSTRUCTIVE DENIAL” OF “CRIME VICTIM RIGHTS” and TO “VICTIM ASSISTANCE / SERVICES”**;  
5) **“NOTICE OF STATE VIOLATION” OF “PUBLIC RECORDS LAW”** upholding *“government transparency”*;  
6) **NOTICE OF “NEW” and “ADDITIONAL” demand for “access to public documents”** with *“reasonable accommodations”* required under the AMERICANS WITH DISABILITIES ACT and *“fee waiver”* guidelines by there being a matter of *“public interest”*;

**To Kristi Noem, and Jason Revnsborg and Kim Malsam-Rysdon, et al:**

As shown below and on the next couple of pages, I have submitted you as STATE *“principals”* and *“agents”* NOTICES and “REQUESTS FOR HELP” as a declared *“crime victim”*, as a declared *“refugee”*, and as a declared *“totally and permanently disabled quad-amputee”*, all to no avail of any reasonable answer from any of you or from any of your administrative agents.

My first correspondence was dated within one month of my arrival to SOUTH DAKOTA as a declared crime victim and refugee fleeing criminal victimization from *insurrectionists* and *domestic terrorists* operating as “government” in the totally corrupted “STATE OF MICHIGAN”. Notably, despite all of you being familiar with the unconstitutional implementation in MICHIGAN of “Radical Leftist” ideologies constituting MARXISM, SOCIALISM, PROGRESSIVISM, and CRITICAL RACE THEORY, along with the BIDEN ADMINISTRATION’s reinforcement of “SOCIAL EQUITY” – in light of my claims to have been criminally “evicted” from the safety of my home in Michigan in the middle of a COVID PANDEMIC, during an (FEDERAL and STATE) EVICTION MORATORIUM, in the middle of Winter and just after a blizzard, and as a recently “totally and permanently disabled quad-amputee” – all of you have denied me both assistive action and even any written responses to my pleas for your help in addressing these “crime victimization” and “refugee” issues, as well as the MEDICALLY NECESSARY ISSUES resulting from these *INSURRECTIONIST* and *DOMESTIC TERRORIST* activities. I am left dumbfounded as to your reasons why this is so.

3/28/2021

Spearfish, SD 57783  
605-580-5121  
(all calls recorded)

To: Kristi Noem, GOVERNOR  
SOUTH DAKOTA OFFICE OF THE  
GOVERNOR  
500 East Capitol Ave.  
Pierre, SD 57501

Jason Revnsborg, ATTORNEY GENERAL  
OFFICE OF THE SOUTH DAKOTA ATTORNEY GENERAL  
1302 E Hwy 14, Suite 1  
Pierre, SD 57501-8501

Mike Rounds, UNITED STATES SENATOR  
SENATE COMMITTEE ON BANKING,  
HOUSING, AND URBAN AFFAIRS  
1313 W Main St.  
Rapid City, SD 57701

Dusty Johnson, S. DAKOTA REPRES. TO CONGRESS  
Sponsor of H.J.Res. 19: Repeal of CONSTI. AMEND. XXIII  
2525 W Main Street, Suite 310  
Rapid City, SD 57702

Scott Odenbach, DISTRICT 31 HOUSE OF REPRES.  
HOUSE EDUCATION and HOUSE JUDICIARY Member  
SOUTH DAKOTA LEGISLATURE (LAWRENCE COUNTY)  
P.O. Box 998  
Spearfish, SD 57783  
[Scott.Odenbach@sdlegislature.gov](mailto:Scott.Odenbach@sdlegislature.gov)

Mary Fitzgerald, DISTRICT 31 HOUSE OF REPRES.  
HOUSE and JOINT COMMITTEE(s) Member  
SOUTH DAKOTA LEGISLATURE (LAWRENCE COUNTY)  
P.O. Box 341  
Spearfish, SD 57783  
[Mary.Fitzgerald@sdlegislature.gov](mailto:Mary.Fitzgerald@sdlegislature.gov)

**RE: Request to investigate crimes against totally and permanently disabled quad-amputee; Request to provide crime victim services; Request to assist with a report of malfeasance and gross negligence by STATE (OF MICHIGAN) and UNITED STATES agencies (U.S. DEPT. OF HEALTH AND HUMAN SERVICES, and U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT, and U.S. DEPT. OF JUSTICE, including also the USDOJ OFFICE OF CIVIL RIGHTS and INSPECTOR GENERAL Horowitz)**

Dear South Dakota State Administrators, Legislators, and Congressional Representatives:

I am writing to all of you today as a 63-year old “refugee” of the ultra-corrupt STATE OF MICHIGAN. I speak not from conjecture but from seventeen (17) solid years of personal experience living in that government “swamp” surrounded by cesspools. I am writing to you because you need to be aware of who I am, where I am from, what I am doing here now, where I intend to go from here, and how it involves all of you in one way or another whether you like it or not.

While I was approved – in part – by the STATE OF SOUTH DAKOTA for what is referred to as the “SOCIAL SECURITY MEDICARE SAVINGS PROGRAM” that had been constructively DENIED to me by the ultra-corrupt MDHHS in Michigan since I first qualified for MEDICARE last August 2020 costing me \$144 each month that the MEDICARE SAVINGS PROGRAM was otherwise supposed to take care of each month but criminally grossly negligently and malfeasantly failed to do, the SOUTH DAKOTA agents’ narrowing my qualifications ONLY to the “SPECIFIC-LOW INCOME MEDICAL BENEFICIARY” (“SLMB”) program has proven itself still inadequate in meeting my current MEDICAL NEEDS as a recent “totally and permanently disabled quad-amputee”. Even that qualification was initially DENIED as based upon the SOUTH DAKOTA “LTSS agents” first using the Michigan insurrectionists and domestic terrorists own continued corruption against me after I let that STATE. (as shown below).



David E Schied  
PO Box 321  
Spearfish SD 57783-0321

March 25, 2021

Your case has been DENIED for SLMB

March 2021

Reason for denial:

Other eligible in another state

If you have any questions, please contact me at the phone number listed above.

Your Benefits Specialist:

Sharon Maher phone: 605-295-7448  
Signature of Benefits Specialist



DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF ECONOMIC ASSISTANCE  
609 5TH AVENUE  
BELLE FOURCHE SD 57717-1405  
PHONE: 605-892-2731; FAX: 605-892-3616

David E Schied  
PO Box 321  
Spearfish SD 57783-0321

April 06, 2021

Your case has been APPROVED for SLMB effective: May 2021

You are eligible for Special Low Income Medicare Beneficiary (SLMB). The State will pay your Medicare Part B premium. It will NOT pay toward any medical expenses.

The program will begin paying the Medicare premium which is currently deducted from the Social Security benefit. Your Social Security check may not change right away as it takes time for the state to coordinate payment of your premium.

The Social Security Administration will reimburse you back to the date of approval. If the premium continues to be deducted from your check for two months after receipt of this notice, you should contact your Benefits Specialist.

Clearly, the STATE OF SOUTH DAKOTA was both aware that I was a designated “BENEFICIARY” of the MICHIGAN “Welfare” system and qualified for SLMB at the time I had arrived to SOUTH DAKOTA as a declared “refugee” and a “crime victim” at the end of February 2021.

Further. In spite of the STATE’s assertion that the SOCIAL SECURITY ADMINISTRATION would be reimbursing me for the corrupt STATE OF MICHIGAN criminally taking my premium payments since last August 2020, NOBODY has sought to assist me in that important matter ... while also DENYING ME MEDICAID.

Because neither the STATE of SOUTH DAKOTA nor the SOCIAL SECURITY ADMIN. has sought to help me, as a bona fide “BENEFICIARY” of the Welfare system, to get back the premiums that were deducted each month from my SSA “benefits” for SIX MONTHS in the amount of \$144/month because of the STATE OF MICHIGAN’s criminal corruption, I was forced to file a “federal” court case, suing both the corrupt STATE OF MICHIGAN and the corrupt UNITED STATES for that recompense.

## Does South Dakota help with my Medicare premiums?

Many Medicare beneficiaries who struggle to afford the cost of Medicare coverage are eligible for help through a Medicare Savings Program (MSP). In South Dakota, these programs pay for Medicare Part B premiums, Medicare Part A and B cost-sharing, and – in some cases – Part A premiums.

- **Qualified Medicare Beneficiary (QMB):** The income limit is \$1,063 a month if single and \$1,437 a month if married. QMB pays for Part A and B cost sharing, Part B premiums, and – if a beneficiary owes them – it also pays their Part A premiums.
- **Specified Low-Income Medicare Beneficiary (SLMB):** The income limit is from QMB levels up to \$1,276 a month if single and \$1,724 a month if married. SLMB pays for Part B premiums.
- **Qualified Individuals (QI):** The income limit is from SLMB levels up to \$1,436 a month if single and \$1,940 a month if married. QI pays for Part B premiums.

Compare that \$26 to the next qualifying “tier” of their being a \$123 margin of difference.

The “*difference*” between what the STATE OF SOUTH DAKOTA wishes to deem as my “*income*” (of \$1089/mo.) and “*QMB-qualification*” is only \$26.00 per month.

Yet the word “*income*” is a “*TAX*” word by definition ... and the SOCIAL SECURITY money that I receive each month was already taxed long ago based upon “*gross earnings*” during my days of productive “*employment income*”.

Therefore, the money that I receive each month should not be considered as “*income*” because it is not “*taxable*” as such.

## People also ask : Google

What is the income limit before Social Security is taxed?

Is social security taxed on those living below poverty line?

If you file as an individual, your **Social Security** is not **taxable** only if your total income for the year is below \$25,000. Half of it is **taxable** if your income is between \$25,000 and \$34,000. If your income is higher than that, up to 85% of your benefits may be **taxable**.

Furthermore, I question why it is that I was qualified ONLY for “**SLMB**” by the STATE OF SOUTH DAKOTA for the “**MEDICARE SAVINGS PROGRAM**” when I should qualify another of **FOUR** individual programs.

## Who is eligible for Qualifying Individual (QI) Program?

→ You can't get QI benefits if you qualify for Medicaid. ←

In order to qualify for QI benefits you must meet the following income requirements, which can also be found on the [Medicare Savings Programs](#) page:

- Individual monthly income limit \$1,426
- Married couple monthly income limit \$1,923
- Individual resource limit \$7,730
- Married couple resource limit \$11,600

Meanwhile, because the STATE of SOUTH DAKOTA refuses to provide me with MEDICAID coverage, I am sinking ever further into “*debt slavery*” by uncovered medical expenses.



## 4 kinds of Medicare Savings Programs

Select a program name below for details about each Medicare Savings Program. If you have income from working, you still may qualify for these 4 programs even if your income is higher than the income limits listed for each program.

**Qualified Medicare Beneficiary (QMB) Program**



**Specified Low-Income Medicare Beneficiary (SLMB) Program**



**Qualifying Individual (QI) Program**



**Qualified Disabled and Working Individuals (QDWI) Program**



If you qualify for the QMB program, SLMB, or QI program, you automatically qualify to get [Extra Help](#) paying for Medicare drug coverage.

**Qualified Disabled and Working Individuals (QDWI) Program**



The QDWI program helps pay the Part A premium. You may qualify if any of these apply to you:

- You're a working disabled person under 65
- You lost your Social Security disability benefits and premium-free Part A because you returned to work
- You aren't getting medical assistance from your state
- You meet the income and resource limits required by your state

### **QDWI income & resource limits in 2021:**

**Individual monthly income limit\***

\$4,379

**Married couple monthly income limit\***

\$5,892

What the above serves to show is that even while the STATE OF MICHIGAN had provided me with MEDICAID for the past three years from the time that I lost my legs and fingers to Sepsis in all four quadrants of my body, for some unlawful and unethical reason, the principals and agents for the STATE OF SOUTH DAKOTA have taken MEDICAID away and forced me into medical debt slavery while I have been increasingly on the upswing and improving upon my “totally and permanently disabled” medical condition. Why is that?

Moreover, despite that there are FOUR types of MEDICARE SAVINGS PROGRAMS to choose from, with two clearly earmarked for those without MEDICAID (being the “OMB program” and the “ODWI program”) and another clearly earmarked for people who are “disabled” but earning virtually three times what I am making in gross employment wages, the principals and agents for the STATE OF SOUTH DAKOTA have instead selected the “SLMB program” that does NOT pay the medical expenses that MEDICAID would otherwise pick up after MEDICARE’s limited scope of coverage and 80% of what is covered. Why is that?

Furthermore, these same principals and agents for the STATE OF SOUTH DAKOTA are refusing to consider me for the “ODWI program” that is otherwise specifically designated for disabled people who “aren’t getting medical assistance from the STATE”. Why is that?

These instituted “policies and practices” – at least as they concern me as a “refugee” and “crime victim” fleeing the Racketeering and Corruption of the so-called “government” of Michigan (i.e., the RICO crime syndicates, the seditionous and treasonous insurrectionists and domestic terrorists unconstitutionally masquerading as the “government” of the STATE OF MICHIGAN) – are antithetical to both the letter and the spirit of what is clearly provided by the Legislature for the STATE OF SOUTH DAKOTA, as exemplified by the following STATE laws.

Let’s first consider the FACT that I have been repeatedly claiming “under penalty of perjury” that I have been rendered – by both Michigan corruption and by the deadly Sepsis disease – an “indigent”, being of the “poor” living in LAWRENCE COUNTY, S. DAKOTA.

#### **28-13-1. County duty to relieve poor persons--Taxation--Determination of eligibility.**

Every county shall relieve and support all poor and indigent persons who have established residency therein, as that term is defined in §§ 28-13-2 to 28-13-16.2, inclusive, and who have made application to the county, whenever they shall stand in need. Each board of county commissioners may raise money by taxation for the support and employment of the poor. If a person is receiving benefits from the Department of Social Services, the board of county commissioners may determine if he is eligible for county relief.

**Source:** SDC 1939, § 50.0101; SL 1939, ch 200, § 1; SL 1941, ch 211, § 1; SL 1976, ch 173, § 1; SL 1980, ch 202, § 1.

#### **28-13-1.1. "Indigent or poor person" defined--Eligibility standards.**

For the purposes of this chapter, an indigent or poor person is any person who does not have sufficient money, credit, or property to be self-supporting; who has no one to look to who is legally required to provide support; or who is unable to be self-supporting through work because of illness or injury. In applying this definition, each county shall establish reasonable eligibility standards for county poor relief.

While CHAPTER 28-13 provides certain “COUNTY POOR RELIEF”, CHAPTER 28 also makes clear that under federal TITLES 18 and 19, “medical assistance” authorized by the federal SOCIAL SECURITY ACT must be applied by the SECRETARY of the SOUTH DAKOTA DHS with “reasonable and necessary rules” for determining eligibility and making payments “as may be necessary” for carrying out legal requirements for supplying the poor and disabled like me with MEDICAID medical insurance coverage, rather than to allow me to slip through the cracks into the “choice” between “debt slavery” or going without the “necessary” medical attention and medical supplies that both I and my doctors have agreed that I still need just three years into my recovery from nearly dying and being only saved by the “choice” of sacrificing the body parts from all four quadrants of my body to remain alive.

## CHAPTER 28-13 COUNTY POOR RELIEF

**28-13-1** County duty to relieve poor persons--Taxation--Determination of eligibility.

**28-13-1.1** "Indigent or poor person" defined--Eligibility standards.

**28-13-1.2** Considerations in establishing eligibility standards.

**28-13-1.3** Medically indigent person defined.

**28-13-1.4** Appeal regarding medical indigence.

**28-13-2** Residency acquired for poor relief purposes.

- (5) "Medical assistance," the medicaid program authorized by Title XIX of the Social Security Act, 42 U.S.C. 1396d, as amended through January 1, 2004, which provides medical assistance to eligible individuals and is operated under § 28-6-1;
- (6) "Medicare," the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 and as amended through January 1, 2004;

### **28-1-50. Rules for administration and operation of programs.**

The secretary of social services may adopt reasonable and necessary rules for the administration and operation of the programs authorized by §§ 28-1-46 to 28-1-49, inclusive. Such rules may include the following areas:

- (1) Eligibility criteria;
- (2) Levels of payment;
- (3) Administration, audit requirements, and record keeping; and
- (4) Such other standards and requirements as may be necessary for federal financial participation.



#### **28-6-1. Provision of medical services and remedial care authorized--Rules.**

The Department of Social Services may provide medical services and medical or remedial care on behalf of persons having insufficient income and resources to meet the necessary cost thereof, if the person has exhausted all other possible public and private medical and remedial care programs, income, or benefits, with the exception of county poor relief, in accordance with rules which the secretary of social services shall promulgate pursuant to chapter 1-26. The rules shall specify the individuals and services for which state funds or federal financial participation are available and may include:

- (1) The amount, scope, and duration of medical and remedial services;
- (2) The basis for and extent of provider payments on behalf of an eligible person;
- (3) The establishment and collection of copayments, premiums, fees, or charges for sharing the cost of risk protection or services provided to persons. All such collections shall be remitted to the general fund;
- (4) Methods of administration found necessary for the operation of the medical assistance program;
- (5) Safeguards against the disclosure or improper use of information, required by statutory law to be held confidential, concerning applicants for or recipients of medical assistance; and
- (6) Such other requirements as may be necessary to obtain federal financial participation in the medical assistance program.

#### **28-5-24. Supplemental services to complement provisions of Title XVIII of the 1965 amendments to the federal Social Security Act, as amended.**

The Department of Social Services may provide medical services and medical or remedial care to or on behalf of any medically indigent person of this state who has attained the age of sixty-five years, in such manner as to complement the provisions of Title XVIII of the 1965 amendments to the federal Social Security Act, as amended to January 1, 2004, to the end that the medical needs of any such person may be adequately met.

**Source:** SL 1966, ch 190, § 1; SL 2004, ch 167, § 48.

#### **28-6-5. Opportunity provided to apply for assistance--Assistance furnished promptly.**

Any person may apply for medical assistance, and assistance shall be furnished with reasonable promptness to those who are eligible.

**Source:** SL 1966, ch 191, § 4 (1); SL 1981, ch 199, § 32.

As is clearly shown both above and below, whether or not explicitly written into the “*letter of the law*” by the SOUTH DAKOTA legislature, the “*SPIRIT of the law*” upholds the legal premise that “medical assistance” – also called “MEDICAID” – is to be provided to the most vulnerable of the STATE’s populations of the elderly, the poor, and the disabled, and to keep any of them from falling through the cracks. I FIT THE BILL IN ALL THREE CATEGORIES, YET I AM NOT BEING PROVIDED WITH MEDICAID.

Moreover, the DOH SECRETARY should be considering ALL available financial resources in accomplishing this goal, at STATE, FEDERAL and PRIVATE levels.



#### **28-6-1. Provision of medical services and remedial care authorized--Rules.**

The Department of Social Services may provide medical services and medical or remedial care on behalf of persons having insufficient income and resources to meet the necessary cost thereof, if the person has exhausted all other possible public and private medical and remedial care programs, income, or benefits, with the exception of county poor relief, in accordance with rules which the secretary of social services shall promulgate pursuant to chapter 1-26. The rules shall specify the individuals and services for which state funds or federal financial participation are available and may include:

- (1) The amount, scope, and duration of medical and remedial services;
- (2) The basis for and extent of provider payments on behalf of an eligible person;
- (3) The establishment and collection of copayments, premiums, fees, or charges for sharing the cost of risk protection or services provided to persons. All such collections shall be remitted to the general fund;
- (4) Methods of administration found necessary for the operation of the medical assistance program;
- (5) Safeguards against the disclosure or improper use of information, required by statutory law to be held confidential, concerning applicants for or recipients of medical assistance; and
- (6) Such other requirements as may be necessary to obtain federal financial participation in the medical assistance program.

Meanwhile, the letter of the SOUTH DAKOTA legislation below appears to DISCRIMINATE against “quad-amputees” while providing PREFERENTIAL TREATMENT toward “quadriplegics”, even despite the “spirit” of the law would otherwise have BOTH treated EQUALLY under the law if the other relevant qualifications are met: being that the affected “both lower and both upper” limbs were caused by an “accident and not the result of the normal aging process”, and the subjects “have mental and physical capabilities that allow them to participate in a program of rehabilitation”.

### CHAPTER 28-8A

#### SPECIAL SERVICES FOR PHYSICALLY HANDICAPPED PERSONS

##### **28-8A-5.1. Attendant care for quadriplegics--Qualifications for participants.**

The Department of Human Services shall establish a program of attendant care for mentally alert quadriplegic persons who have severe paralysis of both lower limbs or trunk and total or partial paralysis of both upper limbs whose condition is caused by an accident and not the result of the normal aging process. The paralysis shall be the result of an injury suffered to cervical nerve number eight or above. The individuals shall have mental and physical capabilities that allow them to participate in a program of rehabilitation. The individuals may not reside in any facility or institution licensed under chapter 34-12.

Source: SL 1988, ch 224, § 1; SL 1992, ch 372, § 19.

Irrespective of the “*loophole*” in the “*letter*” of SOUTH DAKOTA legislation, the “*spirit*” of the law is clear in the above and other SOUTH DAKOTA statutes, as cited below, stating that by means of accessible federal funding under TITLE 20 of the SOCIAL SECURITY ACT, subjects – me, myself, and I – are to be flatly provided services that “prevent, reduce or eliminate dependency” and “prevent and protect” the interests of adults (and children) “against abuse”.

#### **28-8-23. Purposes of chapter.**

The purposes of this chapter are to qualify for federal funds under the provisions of Title XX of the Social Security Act; to administer said federal funds as well as other funds available to the Department of Social Services; and to direct all such public services of the department toward the goals of:

- (1) Achieving or maintaining self-support to prevent, reduce, or eliminate dependency;
- (2) Achieving or maintaining self-sufficiency, including reduction of dependency;
- (3) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- (4) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
- (5) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

Source: SL 1975, ch 188, § 1; SL 1980, ch 201, § 1.

Although these varied “*public services of the DEPARTMENT*” are owed to me by the FACT that the STATE OF SOUTH DAKOTA has accepted TITLE 20 federal funding for purposes of helping and keeping me “*independent*” and out of institutional settings such as in a nursing home, the SECRETARY and SENIOR ADMINISTRATOR Kim Malsam-Rysdon under employ of the DEPARTMENT OF HEALTH SERVICES has instead implemented a confusing series of “*programs*” and “*waivers*” for these programs that are discriminatingly being used to EXCLUDE me from ELIGIBILITY and/or to DENY my ACCESS to these federal funds through “*frivolous*” and “*discretionary*” definitions and decision-making of DHS “*field agents*”.

Even further, in spite of there being legislatively mandated “*a system*” in place in SOUTH DAKOTA for ensuring compliance with the above, there are equally elusive safeguards seemingly being used by SECRETARY Kim Malsam-Rysdon’s agents (or as we will see further down, the agents also of DHS SECRETARY Shawnie Rechtenbaugh and DSS SECRETARY Laurie Gill), to DENY the administration of such SOCIAL SECURITY ACT funding to “*quad-amputees*” such as myself based upon the single ridiculous criteria that I can “*bathe myself*” and mostly dress myself in ONLY in pairs of shorts and pullover “*T-shirts*”. Such a criteria has been RECORDED TWICE over the phone with two differing DHS agents, but it is one that STATE OF SOUTH DAKOTA agents adamantly refuse to be placed into writing. As such a request of such documentation is herein requested under the PUBLIC RECORDS ACT.

**THE SOUTH DAKOTA DEPARTMENT OF HEALTH “*SECRETARY*”  
KIM MALSAM-RYSDON IS OPERATING ILLEGALLY TO TORTUOUSLY  
DENY FEDERALLY FUNDED SERVICES TO ME AS A RECENT “*TOTALLY  
AND PERMANENTLY DISABLED QUAD-AMPUTEE*”; WHICH EXPOSES ME  
TO CORPORATE “*ABUSES*”, AND “*DEBT SLAVERY*” BY CORPORATIONS  
AS MEDICAL SERVICE PROVIDERS ENGAGED IN “*COERCION*” BY WAY  
OF PRIVATE “*CONTRACTS FOR DEBTS*” AND OTHER GOVERNMENT  
LICENSED “*FOR PROFIT*” FINANCIAL SCHEMES**

The FACT is that over the past several months, I have spoken numerous times with numerous different “*agents*” of “*principal*” Kim Malsam-Rydson and other “*SECRETARIES*”. In not one but TWO of those conversations – on 5/11/21 and 5/21/21 respectively – Kim Malsam-Rydson’s agents have asserted on behalf of the STATE OF SOUTH DAKOTA’s “*SECRETARY OF HEALTH*” and other “*SECRETARIES*” that the singular reason why I am not being provided “*medical assistance*” in the form of STATE-sponsored “*federally funded*” MEDICAID is because I can “*bathe myself*”. For this reason alone, I am being denied all other “*benefits*” as a quad-amputee that “*quadriplegics*” otherwise receive, such as paid “*transportation*” expenses, STATE payment of MEDICARE and prescription “*copay*” amounts, eyeglasses, hearing aids, prosthetic legs, prosthetic sleeves, prosthetic liners, prosthetics hands/fingers, preventative and repair DENTAL care services, and other items for which MEDICARE alone refuses to pay out of “*medical necessity*”....and which is otherwise driving me further into being CONSTRUCTIVELY DENIED both “*medically needed*” services and products. This is because these numerous multi-departmental STATE agents have used a confusing and discriminative “*procedural criteria*” for denying me MEDICAID that otherwise pays for these “*medically necessary*” items taking me further into “*debt slavery*” by my following doctors’ orders, recommendations, and referrals.



For instance, on 5/11/21 the LONG TERM CARE (“LTC”) BENEFITS SPECIALIST for the DEPARTMENT OF SOCIAL SERVICES (“DSS”) named Nancy Giovanetti informed me over the phone on a RECORDED line, that “MEDICAL ASSISTANCE” and “[‘ADLS’ and ‘HOPE’] WAIVER PROGRAM[S]” are all alternative NAMES for “*MEDICAID*”.

During that 5/11/21 call, “LTC” BENEFITS SPECIALIST Nancy Giovanetti had asserted (in so many confusing words) that STATE “*SECRETARIES*” and “*SENIOR ADMINISTRATORS*” had divided “*eligibility requirements*” into TWO PARTS: FINANCIAL ELIGIBILITY and MEDICAL ELIGIBILITY with MEDICAL ELGIBILITY subcategorized further into numerous undisclosed (to me) “LEVELS OF CARE” that constitute a completely separate



(and confusing) criteria used by “*local case worker*” – AGENT Laura Nord (who also goes by the name of “Laura Charter” to make things even more confusing and convoluted) – for concluding that I, as a “totally and permanently disabled quad-amputee” DO NOT QUALIFY altogether for MEDICAL ASSISTANCE, for MEDICAID, or for the “HOPE WAIVER” because I have elected to do everything in my own power to “bathe myself” (regardless of how well or how poorly) rather than to have the government pay for a full-time “personal services” worker whom I do not know to do it at high daily cost (whether I want or need a bath, or not).

This STATE “Agent”, Nancy Giovanetti, stated on a RECORDED telephone line that while she personally had approved me for MEDICAID based upon my “FINANCIAL ELIGIBILITY” as a pauper living entirely upon SOCIAL SECURITY DISABILITY, Laura Nord/Charter had declared me INELIGIBLE based upon the reasoning of a “*local case worker*” – this STATE’s “*Other Agent*”, Laura Nord, had stated that because I am willing to do the best I can in struggling alone in the shower to bath myself without legs or fingers, I do NOT QUALIFY for the “HOPE WAIVER PROGRAM”.

In short, this first STATE “Agent” Nancy Giovanetti asserted that this STATE’s “*Other Agent*”, Laura Nord/Charter, had based her DENIAL OF MEDICAID upon this second, multi-pronged and multi-dimensional “MEDICAL ELIGIBILITY” eligibility criteria called “LEVEL OF CARE”; in which Nord/Charter determined me to be classified as “*self-care*”, meaning somehow that I was to be also “*self-paying*” for all of my own transportation to/from doctors and other “*medical service providers*”, and that I was to be also “*self-paying*” for all doctor and equipment co-pays ... simply because I had not elected to have the STATE OF SOUTH DAKOTA taxpayers pay through the nose for the high cost of a “STATE-licensed” stranger to come into my bathroom and provide me with “attendant care” when dealing with my fully nude body on a daily basis and according to their own daily schedule and their own possible cross-gender identifications, and on THEIR STRICT schedule instead of my own flexible schedule (which falls more in line with the INTENT of the laws).

This is a “*CONSTRUCTIVE DENIAL*” of MEDICAID, and a GROSS VIOLATION of the “*spirit*” of the SOCIAL SECURITY laws governing the Rights of Disabled Persons to “independence” and the Rights of Disabled Persons to live in the “LEAST RESTRICTIVE ENVIRONMENT” (“LRE”). In essence, the agents for DOH SECRETARY Kim Malsam-Rysdon’s and her “peer group” of other “SECRETARIES” have taken a single criteria – “showering by oneself” – and unjustifiably generalized it across the board to completely redefine “self-care” in all other areas of “medical necessity” without any proper address whatsoever of other required “rehabilitation” criteria related to “travel”, to “ability to pay”, to “age”, and to the FACT that I am a “totally and permanently disabled quad-amputee”. These are assessment criteria that are not even applied for other “*physically handicapped*” who are otherwise “*eligible for MEDICAID*” and receiving “all other benefits” that go along with “attendant care” in the bathtub and in the shower stall (where I do NOT take my legs).

Even before this 5/11/21 RECORDED explanation of this STATE “Agent” Nancy Giovanetti, I had been DENIED previously FOR MEDICAID by yet another of the STATE’s “Agents”, being Jennifer Lewis, a “*PROGRAM SPECIALIST II*” of the DHS’ “*DIVISION OF REHABILITATION SERVICES*”, under the very same conditions and criteria as explained above, except as the “*LEVELS OF CARE*” were applied toward my being considered for the “ADLS [ASSISTIVE DAILY LIVING SERVICES] WAIVER”, yet another of the STATE’s confusing and convoluted (and “*corrupt*” by its potential to be applied ABUSIVELY)



**“eligibility criteria” allowing DENIAL based upon “MEDICAL ELIGIBILITY” in spite of my otherwise qualifying for MEDICAID based upon “FINANCIAL ELIGIBILITY”.**

**It is IMPORTANT to NOTE here that upon my arrival to SOUTH DAKOTA from the ultra-corrupt “STATE OF MICHIGAN”, I HAD STATE MEDICAID.**

**What I was then being denied by that other (corrupt) STATE was any form of “MEDICARE SAVINGS PROGRAM”, from the inception of time when my previous “status” of being a “STATE MEDICAID” recipient to becoming a “forced recipient” of MEDICARE. At that time, I found nobody from the STATE OF MICHIGAN to assist me in stopping the FEDS from automatically taking money out of my “monthly SSA allowance” – by one “administrative agency” (i.e., the SOCIAL SECURITY ADMINISTRATION) paying another (i.e., operating as the “CENTER FOR MEDICARE AND MEDICAID” of the “USDHHS”) during a COVID-CRISIS, in which *insurrectionists and domestic terrorists* operating under CRITICAL RACE THEORY (“CRT”) as the so-called “government of the STATE OF MICHIGAN” refused to even so much as to send me an application for the “MEDICARE SAVINGS PROGRAM” for six (6) full months until I was then criminally victimized by EVICTION in the middle of the “Michigan winter”, just after a deathly blizzard, and during a “federal EVICTION MORATORIUM”.**

**Thus, the DENIAL by the STATE OF SOUTH DAKOTA of the ongoing determination by the STATE OF MICHIGAN that I qualified for federal assistance and MET THE CRITERIA FOR MEDICAID, is a CONSTITUTIONAL VIOLATION of “FULL FAITH AND CREDIT”.**

**EQUALLY IMPORTANT is the FACT that I have not been fully re-evaluated in the aftermath of having the DEADLY SEPSIS DISEASE literally take over my entire “circulatory” bloodstream feeding everything from my ONE REMAINING KIDNEY, to my TROUBLED EYES and RETINAS, to my EARS and PROVEN HEARING LOSS and NEED FOR HEARING AIDS, and TO other critical bodily parts otherwise “covered” by MEDICAID for evaluation and treatment of suspected diseases still remnant from the “ACCIDENT” that occurred to me in March 2018 and leading to my near death experience, and the resulting loss of both legs and seven of my fingers. THESE BODY PARTS HAVE THEIR OWN DISABILITY CLASSIFICATIONS under the SOCIAL SECURITY ACT as written also into SOUTH DAKOTA LEGISLATION.**

#### CHAPTER 28-6A

#### ASSISTANCE IN TREATMENT OF KIDNEY DISEASE

##### 28-6A-4. Development of prevention programs.

The secretary of the Department of Social Services shall, in cooperation with the secretary of health, provide for or coordinate the development of programs for the prevention of chronic renal diseases.

Source: SL 1976, ch 219, § 4 (4).

##### 28-6A-11. Matching funds agreements with other agencies.

The secretary of the Department of Social Services may make agreements with other agencies to use money made available by legislative appropriation to match other funds including, but not limited to funds provided by vocational rehabilitation and Title XIX of the Social Security Act, to best carry out the intent of the program.

Source: SL 1976, ch 219, § 9.

## CHAPTER 28-10

### SERVICE TO AND VOCATIONAL REHABILITATION OF THE VISUALLY IMPAIRED

#### **28-10-10. Vocational rehabilitation services provided to eligible persons.**

The Division of Service to the Blind and Visually Impaired shall provide vocational rehabilitation services to individuals with visual disabilities determined by the director to be eligible.

**Source:** SL 1947, ch 248, § 4; SDC Supp 1960, § 55.39B04; SL 1977, ch 226, § 20; SL 1994, ch 231, § 4.

#### **28-10-11. Rehabilitation services provided based on economic need.**

Except as otherwise provided by law or as specified in the state plan agreement with the federal government, the following rehabilitation services shall be provided to individuals with a visual impairment based upon their economic need:

- (1) Physical restoration;
- (2) Transportation not provided to determine the eligibility of the individual for vocational rehabilitation services and the nature and extent of the services necessary;
- (3) Occupational licenses;
- (4) Customary occupational tools and equipment, excluding computer-related assistive technology devices needed to overcome visual disability as an impediment to employment for competitive employment purposes;
- (5) Maintenance;
- (6) Training books and materials; and
- (7) Tuition and fees for participating in postsecondary academic training programs under the Federal Student Financial Assistance Program.

**Source:** SL 1947, ch 248, § 7; SDC Supp 1960, § 55.39B07; SL 1969, ch 215, § 5; SL 1976, ch 172, § 4; SL 1990, ch 212; SL 1994, ch 231, § 5; SL 2001, ch 153, § 2; SL 2012, ch 14, § 5.

#### **28-10-1. Definition of terms.**

Terms used in this chapter mean:

- (1) "Director," the director of service to the blind and visually impaired;
- (2) "Division," the Division of Service to the Blind and Visually Impaired;
- (3) "Impediment to employment," a physical or mental condition which constitutes, contributes to or if not corrected will probably result in an obstruction to independent living or occupational performance;
- (4) "Individual with a visual disability," any person who has a visual impairment which results in a substantial impediment to employment or independent living and who can benefit in terms of an employment or independent living outcome;
- (5) "Maintenance," money payments not exceeding the estimated cost of subsistence during vocational rehabilitation;
- (6) "Occupational licenses," any license, permit, or other written authority required by any governmental unit to be obtained in order to engage in an occupation;
- (7) "Physical restoration," any medical, surgical, or therapeutic treatment necessary to correct or substantially reduce an impediment to employment of an individual with a visual disability within a reasonable length of time including medical, psychiatric, dental and surgical treatment, nursing services, hospital care, drugs, medical and surgical supplies, and prosthetic appliances, but excluding curative treatment for acute or transitory conditions;
- (8) "Prosthetic appliance," any artificial device necessary to support or take the place of a part of the body or to increase the acuity of a sense organ;
- (9) "Rehabilitation training," all necessary training provided to a person with a visual disability to compensate for an impediment to employment including manual, preconditioning, pre-vocational, vocational, and supplementary training and training provided for the purpose of achieving broader and more remunerative skills and capacities;
- (10) "Service," all of the services provided by the Division of Service to the Blind and Visually Impaired, including independent living, rehabilitation, and minor medical services;
- (11) "Vocational rehabilitation" and "vocational rehabilitation services," any services found by the director to be necessary to enable an individual with a visual disability to engage in a remunerative occupation including assessment for determining eligibility and vocational rehabilitation needs, counseling and placement, rehabilitation training, physical restoration, transportation, occupational licenses, customary occupational tools, equipment, maintenance, training books, and materials and adaptive rehabilitation technology devices and services.

#### **28-10-20. Reciprocal agreements with other states for vocational rehabilitation.**

In carrying out the purposes of this chapter, the Division of Service to the Blind and Visually Impaired is authorized among other things to enter into reciprocal agreements with other states to provide for the vocational rehabilitation of residents of the states concerned to the extent of services rendered by the State of South Dakota.

**Source:** SL 1947, ch 248, § 4; SDC Supp 1960, § 55.39B04 (2).



## DEPARTMENT OF HUMAN SERVICES

SHAWNIE RECHTENBAUGH, DEPARTMENT SECRETARY

# REHABILITATION SERVICES

## SERVICES FOR THE DEAF/HARD OF HEARING

The Division of Rehabilitation Services administers programs that provide services to people who are deaf, hard of hearing, or have speech impediments.

### WHO IS ELIGIBLE?

Any individual who is deaf, hard of hearing, deaf-blind and late-deafened and is a resident of South Dakota is eligible.

**COMPLICATING MATTERS EVEN MORE IS THE FACT THAT SOUTH DAKOTA LEGISLATORS AND/OR "EXECUTIVE BRANCH" HAVE SEPARATED THE "DEPARTMENT OF HEALTH" FROM THE "DEPARTMENT OF HUMAN SERVICES" AND FROM THE "DEPARTMENT OF SOCIAL SERVICES"; WITH KIM MALSAM-RYSDON BEING THE "DOH SECRETARY", AND SHAWNIE RECHTENBAUGH BEING THE "DHS SECRETARY", AND LAURIE GILL BEING THE "DSS SECRETARY"; INCREASING THE ODDS THAT THE "LEFT HAND" OF STATE GOVERNMENT IS UNAWARE OF WHAT THE "RIGHT HAND" OF STATE GOVERNMENT IS DOING OR IS SUPPOSED TO BE DOING.**

## Noem names Laurie Gill as Secretary of Department of Social Services

June 21, 2019 by NewsCenter1 Staff



CAPITOL NEWS BUREAU

**Noem raises salaries of some of her cabinet, with Westra paid much more than rest – and her**



- Social Services Secretary Laurie Gill \$142,800;
- Health Secretary Kim Malsam-Rysdon \$136,063.40;
- Secretary Shawnie Rechtenbaugh, Dept. of Human Services \$131,687.41



As shown already above, it was actually DSS SECRETARY Laurie Gill's agent, DIVISION OF ECONOMIC ASSISTANCE "*BENEFITTS SPECIALIST*" Sharon Maher, who was the first to issue a WRONGFUL DENIAL on 3/21/21 of my initial "*application*" for the deceptively-produced "*ASSISTIVE DAILY LIVING SERVICES*" ("*ADLS*") PROGRAM that (as shown below) intentionally was drafted to CONCEAL whether it was coming from the DOH, the DHS, or the DSS....or the DEPARTMENT OF LABOR for that matter.

**APPLICATION**  
**ASSISTIVE DAILY LIVING SERVICES PROGRAM**  
**Expires December 31, 2021**

Complete and return to:

**ADLS Waiver Manager**  
**Division of Rehabilitation Services**  
3800 E. Hwy. 34, Hillsvie Plaza  
c/o 500 E Capitol Ave.  
Pierre, SD 57501

This APPLICATION deceptively fails to identify whether it comes from a "*DIVISION*" of the DOH, the DHS, or the DSS. This was a significant problem for me early on, given the FACT that there are TWO "*Rehabilitative Services*", one operating with a focus on "*DAILY LIVING*" services in the home, and the other focusing on "*Rehabilitative Services*" for VOCATIONAL EMPLOYMENT, which was instead part of the DEPT. OF LABOR.

This Assistive Daily Living Services program provides personal attendant services, consumer preparation services, lifeline, in-home nursing, specialized medical equipment and supplies, environmental accessibility adaptations, respite, vehicle modifications and incontinence supplies to eligible individuals.

Please answer these eligibility requirements:

Moreover, this information was neither clarified by nonprofit "*case worker*" Linda Williams at WESTERN RESOURCES FOR INDEPENDENT LIVING ("WRIL"), who declined to fully clarify the FACT that DOH, the DHS, and the DSS all THREE provide "integrated" services but using separate "program" applications. That failure by WESTERN RESOURCES' "*agent*" Linda Williams occurred under Williams' pretense to me that she was "*super-busy*" working an abundance of caseload files, purportedly because her office was "*understaffed by two people*" at the very time I had scheduled my appointment with her as the assistive "*disability benefits expert*".

Further, a few weeks later when I was finally granted a face-to-face appointment with a "*Rehabilitation Counselor*" in SPEARFISH, S.D. by the name of Cindy Hanson – who readily admitted that despite her multiple decades of services at the "*DIVISION OF REHABILITATION SERVICE*" – she otherwise had no clue about the other STATE (LTSS) workers in the adjacent offices of her own small building in SPEARFISH. Again, this created PROBLEMS for my properly understanding things about this STATE from the onset of my arrival, and just after being CRIMINALLY VICTIMIZED.



Cindy Hanson, board member

Vocational Rehabilitation Counsellor, SD  
Department of Labor

Cindy has been working for the South Dakota Division of Rehabilitation Services since 1991 as a Vocational Rehabilitation Counselor. She sat on the Right Turn's Career Learning Center board of directors in Pierre as well as the Pierre Area Referral Services board of directors prior to moving to Spearfish in 2018.



Without the necessary “*Full Disclosure*” of WHO the disabled, the elderly, and the poor are dealing with – up front – in signing **CONTRACTS WITH THE GOVERNMENT** “**UNDER PENALTY OF [CRIMINAL] PERJURY**”, **not only can and do the government engage in FRAUD and MISREPRESENTATION for purposes of DISCRIMINATORY DENIALS and UNJUST ENRICHMENT** for the various “government” DEPARTMENTS, BUREAUS, DIVISIONS, SECTIONS, UNITS, and OFFICES of the “*criminal enterprises*” collectively known as the “*ADMINISTRATIVE STATE*”; **but so too the disabled, the elderly, and the poor are vulnerable to criminal abuses of PRIVATE CORPORATIONS that are CONTRACTING WITH BOTH the “government” and the “disabled, elderly, and poor” and their respective families, guardians, and caretakers, again WITHOUT FULL DISCLOSURE** (as shown directly below).

**KADIE PAWICH, NORTHERN HILLS MANAGER OF “INTERIM HEALTHCARE”**

(A Simple “*Case Study*” of **FINANCIAL MISREPRESENTATION and ABUSE**)

As a first example of financial abuses in private **CONTRACTS** that the STATE OF SOUTH DAKOTA initiated through its own **CONTRACTS** with private vendors and “*medical equipment providers*”, **the STATE initiated such ABUSE by first distributing my phone number to a third-party vendor without first informing me of what it was doing or what arrangements it had with that third party vendor.** As a result of this activity between the STATE and the private CORPORATION, I received an unsolicited telephone call from a woman, Kadie Pawich, stating that she was the local manager for a company, INTERIM HEALTHCARE in RAPID CITY, and stating that the STATE had authorized her company to provide me with an “**EMERGENCY ALERT SYSTEM**” in the home since it was also conveyed by the STATE that I was a vulnerable adult “*home alone*”. The woman asked to schedule an appointment to come to my apartment to install the *EMERGENCY ALERT SYSTEM*. **In scheduling, she NEVER mentioned any contract to be signed between her company and me.**

Then, upon her arrival to my home at the end of the day on a Friday, she pressed me to look around my home for the best “*central location*” to set her company’s “*monitoring device*”; and **only after conducting a function test and just before getting ready to leave my apartment did she produce a shocking, full-page “FINANCIAL RESPONSIBILITY” CONTRACT for me to sign.** While orally answering my questions elicited by this total surprise contract, **which I was asked to sign at the last minute, Kadie Pawich insisted that while I was being asked to sign for FULL “financial responsibility” to this device, in “fact” the STATE was the one providing the monthly payment. She stated that despite my signing for FULL RESPONSIBILITY in writing, that I need only be concerned with the cost of replacing the monitoring device itself should I move and take it with me.**

Essentially, **she used the fact that she had already taken my time to install the device and being ready to leave for the weekend to PRESSURE ME into signing a CONTRACT that I neither wanted to sign nor was properly prepared to sign. THIS IS ABUSE!** And it was **AUTHORIZED BY THE STATE**; because **when, after taking the weekend to think about it, I wrote a reflective but scathing letter to Kadie Pawich, copying that letter to Sharon Maher, Kim Terrill, Nancy Giovanetti, Val Clauser, Jennifer Lewis, and Linda Williams, NONE responded to my concerns (except for Kadie Pawich who came by a day or two after receiving my letter to express her contempt for my action while taking the “EMERGENCY ALERT SYSTEM” back and again leaving me “home alone” and without the needed monitoring assistance).** (See the “FINANCIAL RESPONSIBILITY” contract and my letter of concern in the pages ahead.)



## FINANCIAL RESPONSIBILITY

TO: Patient/Client Name: David Schied, David Patient/Client ID #: MH7-2951

The terms "I", "we" and "me", etc. referenced in this document refer to the patient/client and his/her representatives and guarantors.

### Responsibility for Payment and Signatures

In connection with service provided by Interim HealthCare, I hereby give my consent to Interim HealthCare to obtain the public record from any consumer reporting agency. This information may be obtained prior to, during, or after the provision of services and will be used to determine my ability to pay for services provided. I understand that I am not applying for credit nor will Interim HealthCare deny me the opportunity to purchase services as a result.

Charges for services provided by Interim HealthCare shall be at the current rates then in effect. I recognize that such rates may change from time to time.

Interim HealthCare cannot guarantee that all services that I want and/or need will be available from Interim HealthCare. The types and frequency of services my physician may order or I may want may not be available from Interim HealthCare. Interim HealthCare will, however, use its best efforts to provide or arrange for the provision of these services to me and keep me and my physician informed.

Interim HealthCare acts solely as an agent for me in filing for insurance or other benefits assigned to it. However, Interim HealthCare assumes no responsibility for assuring that benefits so assigned will be paid. Patient/client accounts will be credited only when Interim HealthCare actually receives payment.

In the event my insurance plan changes while receiving services from Interim HealthCare, it is my responsibility to notify Interim HealthCare of the effective date of my enrollment or change immediately. I understand that failure to notify Interim HealthCare in a timely manner will result in Interim HealthCare discontinuing services, and I will be financially responsible to Interim HealthCare for services.

As to services of Interim HealthCare not covered by insurance, I understand that unpaid accounts will be in default after 60 days from the date of invoice. Without releasing the above-named Patient/Client from liability for the charges for such services, I/we, as Guarantor(s), hereby guarantee and agree to pay all Interim HealthCare charges for the services. Holidays and authorized overtime will be charged at time and one-half. I agree to pay all invoices UPON RECEIPT, and understand that unpaid accounts will be considered in default after sixty (60) days, after which a default charge will be imposed at 1-1/2% per month on unpaid balances (ANNUAL PERCENTAGE RATE OF 18%) or the maximum legal interest rate, whichever is lower. I agree to pay the default charge including reasonable attorney's fees and all costs of collection.

I understand that Interim HealthCare is not an employment agency and that its employees are assigned to provide services to me on behalf of Interim HealthCare, and may not be directly or indirectly employed by me. I acknowledge the considerable expense that Interim HealthCare has incurred in advertising, recruiting, interviewing, evaluating, reference checking and background checking its employees. I further acknowledge that Interim HealthCare employees are under agreements that prohibit them from providing services directly to me other than as an employee of Interim HealthCare. I agree if I directly or indirectly hire an Interim HealthCare employee, I will pay to Interim HealthCare the sum of \$10,000.00 as liquidated damages.

I/WE ACKNOWLEDGE THAT I HAVE RECEIVED THIS NOTICE AND HAVE BEEN ADVISED OF THE INFORMATION IN IT. IN THE EVENT ANY PORTION OF THE CHARGES FOR SERVICES IS TO BE SUBMITTED AS AN INSURANCE OR OTHER REIMBURSEMENT CLAIM, PATIENT/CLIENT AND GUARANTOR ASSUME FULL RESPONSIBILITY FOR NON-COVERED CHARGES, CO-PAYS, DEDUCTIBLES AND/OR SPENDDOWNS FOR SERVICES RENDERED BY INTERIM HEALTHCARE.

Guarantor: David Schied [Signature] X-87754 4/30/21 8/22/57  
Print Name Signature Social Security No. Date Date of Birth

Guarantor: \_\_\_\_\_  
Print Name Signature Social Security No. Date Date of Birth

Weekly Bill: Deposit Amount Received: \$ \_\_\_\_\_ ☐ Check: Check # \_\_\_\_\_

Credit Card: ☐ Visa ☐ Master Card ☐ Discover Card #: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Card 3 Digit Security Code (on back of card if available): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

I authorize Interim HealthCare to bill my credit card account designated above. Zip Code (Mandatory) \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACH: Bank Name: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\*\*Attach a void check for checking account or deposit slip for savings account.

I agree to provide written notifications of any changes to banking information or wishes to discontinue this electronic debit.

Payer Signature: [Signature] Date: 4/30/21

Item #11503 (rev 3/2016)

Printed in USA

©Copyright 2016, Interim HealthCare Inc.

Use for Commercial Insurance, Medicare Advantage, Self Pay, Workers comp and Out-of-Pocket Medicaid



David Schied  
P.O. Box 321  
Spearfish, South Dakota 57783  
605-580-5121 (all calls recorded)

5/1/2021

Attn: Kadie Pawich  
Interim Healthcare  
128 E. Colorado Blvd.  
Spearfish, SD 57783

Dear Kadie,

Today I spent time looking over the surprise contract that you asked me to sign yesterday after installing the life-alert system in my apartment and making sure that it worked. As you know, this contract was a complete surprise to me yesterday because until you put it out for me to sign without time to consider its CORPORATE and LEGAL implications, we had never even brought this form of corporate and legal agreement in our previous phone conversations.

In fact, our previous phone conversations were seemingly predicated upon the STATE OF SOUTH DAKOTA being the "guarantor" of payments to your servicing corporation; and we had agreed that you would be holding off on providing me with anything until after the STATE authorized this service to me. Yet when reading over the surprise contract you had me sign yesterday, I see nowhere the STATE OF SOUTH DAKOTA is even referenced, much less assigned the task of paying or "guaranteeing" payment for the services that you set up for me in my apartment.

What is now clear to me in reading your "agreement" – which I alone signed and your name is nowhere to be seen – is fully engaging me (without prior full disclosure) in "patient/client liability" are the following words and phrases which were never provided to me in any of our prior phone discussions or that which you may have had with anyone (also undisclosed) as working for the STATE:

- "my consent to Interim Healthcare to obtain the public record from any consumer reporting agency"
- "charges for services provided by Interim Healthcare"
- "Interim Healthcare cannot guarantee"
- "Interim Healthcare acts solely as an agent for me"
- "Interim Healthcare assumes no responsibility"
- "Patient accounts will be credited only when Interim Healthcare actually receives payment"
- "it is my responsibility to notify Interim Healthcare of the effective date... [of insurance company policy changes]"
- "I understand that failure to notify Interim Healthcare in a timely manner will result in Interim Healthcare discontinuing services, and I will be financially responsible to Interim Healthcare for services"
- "I understand that any unpaid accounts will be in default... after invoice"
- As to services of Interim Healthcare not covered by insurance, I understand that unpaid accounts will be in default..."

As far as I can see, I am the BENEFICIARY of all of this, not the GUARANTOR or the TRUSTEE of this CORPORATE Contract or Trust agreement. I otherwise cannot see how anyone might be placing anyone who is an indigent, elderly, and a quad-amputee into a position of financial liability on purpose as you and your company seem to have done other than by some form of unauthorized abuse. I hope I am wrong, but I'm afraid the "burden of proof" is in your "court", not mine.

Cordially yours,

/s/ David Schied without prejudice (all rights reserved)

Cc

Sharon Maher – Benefits Specialist  
DEPARTMENT OF SOCIAL SERVICES – Belle Fourche  
609 5th Avenue  
Belle Fourche, SD 57717-1405  
[Sharon.Maher@state.sd.us](mailto:Sharon.Maher@state.sd.us)

Kim Terrill – Economics Assistance Supervisor  
DEPARTMENT OF SOCIAL SERVICES – Belle Fourche  
[kim.terrill@state.sd.us](mailto:kim.terrill@state.sd.us)

PLEASE NOTE: Because your business card did not furnish me with an email address, compelling me as a "homebound" quad-amputee to work through the post office on getting correspondence to you other than directly through the use of popular technology, it is likely that this letter will be in the hands of STATE TRUSTEES long before it is received by Kadie Pawich as the agent her CORPORATE principal, Interim Healthcare.

- "I agree that if I directly or indirectly hire an Interim Healthcare employee, I will pay to Interim Healthcare the sum of \$10,000 as liquidation damages"
- "Attach a void check for checking account or deposit slip for savings account"
- "I agree to provide written notifications of any changes to banking information or wishes to discontinue this electronic debit"

Ms Pawich: I am not a lawyer, and you never disclosed prior to laying this document before me at the end of a work day just about my dinnertime, that I would be signing such a well-prepared legal document ALONE, without legal counsel, without being fully informed, without legal contract terms being legally defined, and without the STATE OF SOUTH DAKOTA being in any way associated with this contract. By this letter, **I therefore inform you immediately that I herein VOID any signature that you obtained from me or assisted me in scribbling as a quad-amputee under these instantaneous conditions; and thereby also VOID this contract.**

I am NOT your "Guarantor" or "Patient/Client";  
I am not a "Payer"  
I am NOT accepting liability for your services;  
I am not your "Patient/Client" as used by you in this contract;  
I am NOT hiring you as my agent – insurance or otherwise;  
I am NOT employing you or knowingly employing any of your slave employees;  
I am NOT paying you or anyone else \$10,000;  
I am NOT engaging you or Interim Healthcare in any form of contract for anything other than taking reasonable care of the equipment you left with me as we discussed and you personally set up.  
I DO NOT CONSENT to Interim Healthcare being involved in my banking business or engaging in any such thing as "electronic debit"

If you now do not like MY terms, then you are welcome to schedule another appointment with me, this time to pick up your technological equipment dropped off with me yesterday evening.

Please note that since I have never been notified by either you nor anyone else of the STATE about who it was from the STATE that you have engaged with to get this service authorized, through whatever insurance company, and for whatever "guaranteed" payment amount, I am sending a copy of this letter to more than one STATE OF SOUTH DAKOTA agency for review.

As you saw yesterday, I am an indigent and a quad-amputee in total dependency upon the STATE OF SOUTH DAKOTA and the kind People of this State for my sustenance and survival. I cannot and will not engage in such private contracts placing me in such danger of CORPORATE abuse – whether yours, the STATE's, or the UNNAMED INSURANCE COMPANY's. This I will do so to forgo reporting Interim Healthcare to the BETTER BUSINESS BUREAU (which I see as quite inept) or civil rights agencies (which I see as frequently skewed against the Anglo-American population regardless of disability).

Hopefully, between the STATE departments to which I am copying this document and your company's management, if I am somehow missing some information here – or somehow gotten anything wrong from the little information that you provided to me in writing as referenced above directly from your contract – your direct communication with the STATE about services to my needs can be better clarified in writing going forward, to include reference to the STATE having the "liability" as the "guarantor" and NOT me.

Nancy Giovanetti – LTC Benefits Specialist  
DIVISION OF ECONOMIC ASSISTANCE  
SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES  
912 E. Sioux Ave.  
Pierre, SD 57501-3490  
[Nancy.Giovanetti@state.sd.us](mailto:Nancy.Giovanetti@state.sd.us)

Val Clauser – ADLS Living Coordinator  
DIVISION OF REHABILITATION SERVICES  
DEPARTMENT OF HUMAN SERVICES  
1300 North Ave.  
Spearfish, SD 57783  
[val.clauser@state.sd.us](mailto:val.clauser@state.sd.us)

Jennifer Lewis – Program Specialist II  
DIVISION OF REHABILITATION SERVICES  
DEPARTMENT OF HUMAN SERVICES  
3800 E. Highway 34 – Hillsvie Plaza  
c/o 500 E. Capitol  
Pierre, SD 57501-5070  
[jennifer.lewis@state.sd.us](mailto:jennifer.lewis@state.sd.us)

Linda Williams – Independent Living Specialist  
WESTERN RESOURCES FOR INDEPENDENT LIVING  
430 Oriole Dr., Ste. C  
Spearfish, SD 57783  
[linda@wrl.org](mailto:linda@wrl.org)

In response to being copied by the above, Nancy Giovanetti RETALIATED against me by writing the following letter just two (2) days later, altogether DENYING me for MEDICAID / "Medical Assistance"; and without addressing anything whatsoever of the above letter that she had received.



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

ADLS = denied  
Waiver = denied

Nancy Giovanetti  
Economic Assistance Benefits Specialist

605-773-3612 ext 3600236  
Telephone Number



The above “*embedded EVIDENCE*” reaffirms my earlier statement about having telephoned STATE agent Nancy Giovanetti on 5/11/21 to have her unreasonably explain why I am being denied all other “*benefits*” as a quad-amputee that “*quadriplegics*” otherwise receive, such as paid “*transportation*” expenses, STATE payment of MEDICARE and prescription “*copay*” amounts, eyeglasses, hearing aids, prosthetic legs, prosthetic sleeves, prosthetic liners, prosthetics hands/fingers, preventative and repair DENTAL care services, and other items for which MEDICARE alone refuses to pay at 100% despite “*medical necessity*” ....and which is otherwise driving me further into being CONSTRUCTIVELY DENIED both “*medically needed*” services and products because STATE OF SOUTH DAKOTA *principals and agents* have been using a confusing and discriminative “*procedural criteria*” for denying me MEDICAID that should otherwise be paying for these items taking me further into “*debt slavery*” by my following doctors’ orders, recommendations, and referrals.

The graphic appearing on the previous page reflects as FACT that Nancy Giovanetti is the STATE’s agent under employ of the DSS SECRETARY Laurie Gill.

As mentioned a few pages back, I made a second phone call on 5/21/21 – then not realizing that three (3) differing STATE “DEPARTMENTS” were involved with the numerous “unidentified applications” that WESTERN RESOURCES FOR INDEPENDENT LIVING agent Linda Williams had “helped” me to fill out and send in on my behalf – in attempt to get further clarification of the MEDICAID “DENIAL” and its overwhelming impact on my also being DENIED assistance with the costs of “transportation” expenses, STATE payment of MEDICARE and prescription ‘copay’ amounts, eyeglasses, hearing aids, prosthetic legs, prosthetic sleeves, prosthetic liners, prosthetics hands/fingers, preventative and repair DENTAL care services, and other items for which MEDICARE alone refuses to pay out of medical necessity at 100% despite “medical necessity”, which were driving me further into “debt slavery” by my following doctors’ orders, recommendations, and referrals. ... or alternatively, causing me to be “constructively DENIED” needed medical services and equipment by the vendors because I had proactively been honest in revealing up front that I have “no ability to pay” whatever MEDICARE alone does not pay.

Within my then much more limited scope of understanding about the “maze” of government vocabulary and acronyms hiding the interaction between the DOH, the DHS, and the DSS, I had set out to speak with “*Tammy*” at LONG TERM SUPPORT SERVICES (“LTSS”) when I dialed the phone on 5/21/21. Tammy had been someone I had called a couple of months prior who appeared to explain things well – but apparently not well enough to lay the groundwork of my understanding of the entire maze – and I was hoping to speak with her again.

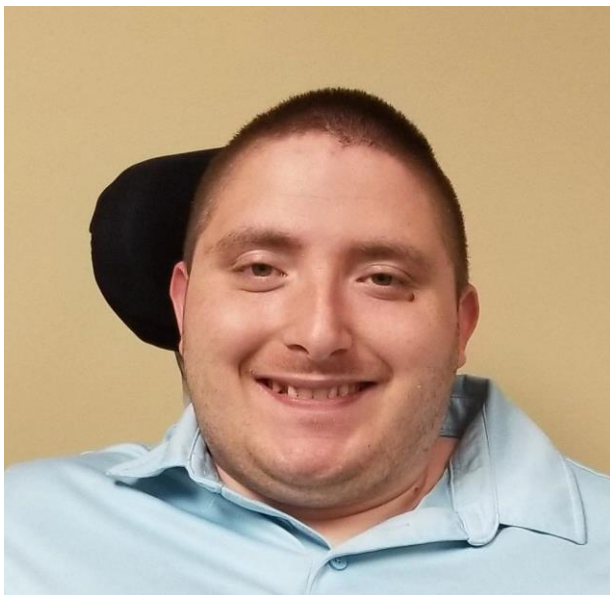
Whether it was from “*Tammy*” or someone else, I had come to equate LTSS with another misleading term, “*DAKOTA AT HOME*” as everyone in the “*government business*” refers to it, which – only if anyone reads the very fine print on public brochures will discover – “*is a service of the DHS*”. For anyone dyslexic the “*DHS*” might be mistaken as “*DAH*” (“*DAKOTA AT HOME*”) The person I ended up with on 5/21/21 – on a RECORDED call to 833-663-9673 – was “*Patty*” instead, being the *agent* of the *principal*, SECRETARY Shawnie Rechtenbaugh.

When I called “*Patty*” at “*DAKOTA AT HOME*” – which also goes by the alternative name (besides “*LTSS*”) of “*AGING AND DISABILITY RESOURCE CENTER*” – I was still unaware that Nancy Giovanetti had actually DENIED me for MEDICAID, because her letter as seen on the previous page did not actually explicitly state that; and I was still quite unaware that “MEDICAL ASSISTANCE” and “ADLS WAIVER” and “HOPE WAIVER”

and “LONG TERM SUPPORT SERVICES” (“LTSS”) and “MEDICAID” were all referring to the same “MEDICAID that I had arrived with to the STATE OF SOUTH DAKOTA from the STATE OF MICHIGAN as being fully intact”.

Further, when initially describing my level of confusion to SECRETARY Shawnie Rechtenbaugh’s agent “Patty”, I explained that – because all of the “programs”, and “waivers”, and other “service devices” require SEPARATE APPLICATIONS referred to specifically by name and disguising their actual connection to the MEDICAID that I had long been asking to have transferred from the STATE OF MICHIGAN to the STATE OF SOUTH DAKOTA – I questioned whether I still had MEDICAID at the STATE level or whether I had lost it since my arrival to SOUTH DAKOTA; whether I had completed the right “application” for STATE-LEVEL “MEDICAID”; and exactly “Where am I at?” relative to all of this jumble of deceptive “medical services”, terms, and vocabulary, each related the various STATE “departments”, “bureaus”, “divisions”, “sections”, “units”, “offices”, “centers”, and “programs”.

Notably, as the RECORDED CALL revealed, while I as a new inhabitant of this STATE and being expected to be remembering all of these above-referenced deceptive terms and vocabulary related to the varied “limited” services of each STATE DIVISION and which “application” goes with each service – WITHOUT ANY FINGERS for taking notes on any of this in real time in any event when anything is even explained – “Patty” (being probably dyslexic herself) was having trouble even spelling my name and reading out my address even as she had these very “limited” items pulled up in front of her face for reading verbatim! (NOTABLY ALSO: Even despite that I had been telephoning and seeking adequate information about MEDICAID qualifications and what I need to do and who I need to see and talk to through WESTERN RESOURCES FOR INDEPENDENT LIVING for about 5-6 weeks BEFORE ever moving to the STATE OF SOUTH DAKOTA, I was never given the right information from the disabled man, Kelan Timm, who was assigned to deal with me as a caller from outside of the STATE.



It is important to note here that while all of my telephone inquiries directed to the “principal” of WESTERN RESOURCES FOR INDEPENDENT LIVING were well thought out and planned ahead of time, the front-line workers like Kelan Timm, who – although has a job – was found (only too late after my arrival to SOUTH DAKOTA) to be extremely limited in his knowledge and seemingly only working “part-time” and/or frequently out of the office because of medical leave or because of his own inability to make it to work during Winter’s increment weather.

This created real PROBLEMS for my properly understanding things about this STATE from the onset of my arrival, and WHILE I was being CRIMINALLY VICTIMIZED in Michigan.

What **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** was able to tell me on 5/21/21 – **fully five months after I had begun asking questions from out of STATE** – was that I was "*on a MEDICARE SAVINGS PROGRAM*". After claiming the need to put me on a long "*hold*" so to check with somebody else, and after placing me a few minutes on hold, **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** instead transferred me to a "*survey*" for my feedback on the performance of this "*STATE government agent*". This made it entirely necessary that I hang up to start all over again with yet another RECORDED call.

When I was finally reconnected with **SECRETARY Shawnie Rechtenbaugh's agent "Patty"**, I found out that she had placed me on hold to confirm with an "EA SUPERVISOR" that I was on a MEDICARE SAVINGS PROGRAM. She then stated, "*but at this time, it does not APPEAR that [I] am on MEDICAID*". When I asked what the "EA" of "EA SUPERVISOR" referred to, she stated, "*ECONOMIC ASSISTANCE*" of the "**DEPARTMENT OF SOCIAL SERVICES 'ECONOMIC ASSISTANCE'**", **being the agency under SECRETARY Laurie Gill.**

This effectively informed me – but only after returning to this RECORDED conversation and carefully considering its hidden implications – that **the people operating SECRETARY Shawnie Rechtenbaugh's agency have not a clue about what the people operating SECRETARY Laurie Gill's agency are doing** (i.e., the "*left hand*" of the STATE doesn't know what the "*right hand*" is doing, and *vice versa*) **while I am supposed to be held fully accountable – UNDER PENALTY OF [CRIMINAL] PERJURY – for knowing the full context of the "framed" APPLICATIONS that I am forced to fill out "completely and truthfully" for each of these "DEPARTMENTS", "WAIVERS", and "PROGRAMS" that apparently nobody else in "government" of the STATE OF SOUTH DAKOTA fully comprehends as "agents" for each of the respective SECRETARIES for each aspect of this corrupted "ADMINISTRATIVE STATE" that is apparently "too big to fail".**

In continuing on the RECORDED phone discussion, **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** stated that **SECRETARY Laurie Gill's DEPARTMENT OF SOCIAL SERVICES ECONOMIC ASSISTANCE "assists" with MEDICAID (without explaining the dynamics of "what assistance it provides" and "how" this interaction between the STATE's "DHS" and "DSS" effectively interact with SECRETARY Kim Malsam-Rysdon's "DOH" to "approve or deny" my numerous "applications" for the numerous "programs", "waivers", and "medical assistance" altogether constituting the STATE OF SOUTH DAKOTA's "MEDICAID"). [Without this very pertinent knowledge, MEDICAID applicants are at a distinct disadvantage in reasonably "appealing" the DENIALS of these STATE services for which they have applied "UNDER PENALTY OF [CRIMINAL] PERJURY", leaving the poor, the elderly, and the disabled subject to STATE ABUSES as well as ABUSES BY PRIVATE CORPORATIONS.]**

Even as the STATE OF MICHIGAN considers "*SNAP BENEFITS*" a part of STATE "*MEDICAID*", when I next asked **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** if the SNAP BENEFITS was not a part of SOUTH DAKOTA's "*MEDICAID*", she replied "*no, that's a different 'PROGRAM'*" **without explaining further under which "DEPARTMENT" this "PROGRAM" operates and what/how/why distinguishes the many people who receive SNAP BENEFITS who are also receiving "MEDICAID" from those who do not.**

Without explaining who "*they*" were, **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** began summarizing what she was viewing in the STATE's database, stating that "**they had many phone discussions with you**", and "**they made many referrals out to others**".



Seeing that what **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** was reading from the little information in her database in adequately meeting my needs, I moved the conversation forward by **ADVOCATING MY OWN DISABILITY NEEDS**. I began by informing **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** that I was being expected to pay for transportation to and from my doctors appointments, on a **PRAIRIE HILLS** transit system that I understood was otherwise providing "*no cost*" transportation to others who are disabled because these accumulating costs were otherwise covered for these other people by MEDICAID and NOT for me by MEDICARE.

At this point in this **RECORDED** phone discussion, **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** again admitted "*I am not understanding all of this myself, David, and the supervisor is looking into all of this a little bit more*", while asking me to clarify that **I was indeed "on MEDICAID" when I arrived to the STATE OF SOUTH DAKOTA from the STATE OF MICHIGAN**. Clearly, even **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** was not understanding why I was being "**DENIED MEDICAID**" once I arrived, when I had otherwise been "*qualified*" for **MEDICAID** since becoming a "*totally and permanently disabled quad-amputee*".

In answering **SECRETARY Shawnie Rechtenbaugh's agent "Patty"**, I had to explain briefly that from August 2020 when I had qualified for **MEDICARE**, the criminal agents of the **STATE OF MICHIGAN's** humongous **DEPARTMENT OF HEALTH AND HUMAN SERVICES** had grossly neglected to provide me with so much as an "*application*" for receiving any of the four (4) **MEDICAID SAVINGS PROGRAM(s)**, and that I had to file a "*federal case*" in **SOUTH DAKOTA** for getting properly reimbursed for the losses that I was forced to sustain by the **SOCIAL SECURITY ADMINISTRATION**, and the **CENTER FOR MEDICAID AND MEDICARE**, and the **UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES** as a result of this massive failure of the system upon me.

I also explained that since **BEFORE** even arriving in the **STATE OF SOUTH DAKOTA**, that I had been "*asking to be put on MEDICAID*" and that I had been compelled by numerous **STATE** agents to be filling out all kinds of "*applications*" for various programs only to be ultimately DENIED MEDICAID as a result. **In trying to draw conclusions from all of this NONSENSE, I told SECRETARY Shawnie Rechtenbaugh's agent "Patty" that although I know I had been doing all of the "right things", that "somewhere along the line I must have missed the right application or someone else must have not properly applied to MEDICAID" what I had been so actively pursuing and SELF-ADVOCATING.**

In continuing the **RECORDED** phone discussion, as **SECRETARY Shawnie Rechtenbaugh's agent "Patty"** was able to identify and perhaps read the database notes from assigned "case worker" **Laura Nord** ((a.k.a., "*Laura Charter*")), it was obvious that "**Patty**" was more knowledgeable about the personal life of **Laura Nord** (getting recently married) than she knew for certain about my particular case "disability case" (which she referred to with vague terms such as "*appears*" and "*might*" rather talking to me in certain and absolute terms about my case).

**SECRETARY Shawnie Rechtenbaugh's agent "Patty"** then went on to state, "*I guess I'm not understanding why you are NOT on the 'MEDICAID WAIVER PROGRAM'*" which was an altogether different terminology and different "**PROGRAM**" from the "**ADSL WAIVER**" and "**HOPE WAIVER**" programs with which I had only become so familiar with as to know that I had been **DENIED** for both.

In my trying to clarify for SECRETARY Shawnie Rechtenbaugh's agent "Patty" my interactions with Laura Nord, I explained that Nord/Charter had stated that, because I could dress myself in a pullover shirt and shorts (irrespective of whether I might need at any time to dress in "button down" shirt or zip-up "dress pants") and because I could bathe myself (and irrespective of whether I have the desire to be seen totally naked by strangers in my home and whether I am actually adequately cleaning myself or my prosthetic equipment after days without a shower), SECRETARY Shawnie Rechtenbaugh's agent "Laura Nord/Charter" had apparently decided that I altogether do not qualify for "Patty's" referenced MEDICAID WAIVER PROGRAM and MEDICAID itself (as also referred to as "MEDICAL ASSISTANCE").

It is for this reason that I am herein requesting the complete public personnel file for Laura Nord, also known as Laura Charter, under the STATE "laws of government transparency".

It was at this point of the RECORDED discussion in which SECRETARY Shawnie Rechtenbaugh's agent "Patty" stated her agreement with SECRETARY Shawnie Rechtenbaugh's other agent Laura Nord/Charter's decision to DENY me MEDICAID; purportedly because I "do not meet the needed level of care" to receive MEDICAID (irrespective of my need for transportation and "inability to pay" for the "medically necessary" treatment and equipment that is being prescribed to me by the "medical doctors" otherwise also defining my "needed level of care" with a much higher level of competency).

So herein, my RECORDED PHONE DISCUSSIONS PROVE that these inexperienced STATE "agents" are overriding the medical doctors on determining my "needed level of care" and the federal SOCIAL SECURITY ACT's CONTRACT with the STATE OF SOUTH DAKOTA on what is required to be paid for out of both FEDERAL and STATE funding for that care.

So, let's now review exactly how "inexperienced" these agents of the STATE are – both in terms of who they are and the context in which the STATE OF SOUTH DAKOTA is applying them in federally mandated decision-making – besides SECRETARY Shawnie Rechtenbaugh's agents of "Patty" and "Laura", who are apparently overriding both medical doctors and the CONTRACT that the STATE OF SOUTH DAKOTA has with the "federal government" under the various TITLES of the SOCIAL SECURITY ACT.

### MARY REA

Mary Rea is apparently a "DEPARTMENTAL transplant", having gone from being the *agent* for the *principal* of DOH SECRETARY Kim Malsam-Rysdon to becoming the agent for the *principal* of DSS SECRETARY Shawnie Rechtenbaugh, the boss of "DSS case worker" Laura Nord/Charter. Apparently, Rea and Nord/Charter are working together to DENY me all forms of "benefits" under the SOCIAL SECURITY ACT in response to my "medically necessary services and medical equipment".

What is Mary Rea, being a SEXUALLY TRANSMITTABLE DISEASES ("STD") "PROGRAM COORDINATOR", doing in a position to approve or

**deny a poor, elderly and disabled man's requested financial reimbursement for medically necessary replacement parts for an electric wheelchair that I was forced to pay for myself up front? (and) Who was it that authorized Mary Rea to unilaterally change my social status from being a "BENEFICIARY" identified by America's WELFARE SYSTEM to becoming a "TAXPAYER" as identified by the federal INTERNAL REVENUE SERVICE, without my knowledge or consent as one of the Sovereign People?**

Apparently, as "my" government-assigned "case manager" in charge of decision-making on whether or not I am "qualified" for MEDICAL ASSISTANCE as a recent "totally and permanently disabled quad-amputee" on behalf of DSS SECRETARY Shawnie Rechtenbaugh, Laura Nord/Charter yet has no authority to simply authorize the reimbursement that I requested from Nord/Charter after my lifesaving "mobility device" – which was brought to the STATE OF SOUTH DAKOTA from the STATE OF MICHIGAN along with MEDICAID and it "eligibility" still intact as instituted for the previous three (3) full years. So she was compelled for some reason to go to Mary Rea as an *agent* for DOH SECRETARY Kim Malsam-Rysdon when I found myself FORCED to pay for new batteries for my electric wheelchair when Laura Nord had otherwise informed me that the only other way to get "mobile" again – once I had informed her that my "home mobility device" batteries had failed and were no longer recharging – was to undergo a month long tedious series of appointments with the doctor (for a NEW and EXPENSIVE wheelchair) and a physical therapist (for proper fitting and style of what NEW and EXPENSIVE wheelchair should be purchased for me by MEDICARE at 80%, not MEDICAID at the other 20% of what MEDICARE does not pay).

Obviously, if I were to "choose" Laura Nord's and SECRETARY Shawnie Rechtenbaugh's only option of (scheduling weeks in advance for) seeing the doctor and physical therapist, followed by waiting additional weeks and/or months for an entirely new electric "home mobility device", then I would not be able to get out of bed in the middle of the night to urinate, or to go to the kitchen to heat up pre-made meals stored in the refrigerator or freezer, to go get my mail at the mailbox, or to even unlock, lock, or open the door or escape from my apartment in an emergency. Essentially, I would be instantly rendered as in need of an "assisted living" environment, which is antithetical to both the "letter" and the "spirit" of FEDERAL "Disability Rights" LAWS and my Right to be in the Least Restrictive Environment.

So in the face of such administrative "dereliction" – which might even be considered as CRIMINAL "gross negligence" and/or "malfeasance" of OFFICE, DUTY, and OATH – I was COERCED by Nord/Charter to use my own private GOOD CREDIT to pay for what is otherwise the "government's" own legal obligation under STATE CONTRACT with the FEDERAL AGENCIES as well as under the FEDERAL and STATE laws.





WEBSITE OF THE STATE OF SOUTH DAKOTA DEPARTMENT OF HEALTH  
**Kim Malsam-Rysdon, Secretary of Health**

**South Dakota Department of Health**

Robert Hayes Building  
600 E. Capitol Ave.  
Pierre, SD 57501-2536  
Phone: 605-773-3361  
Fax: 605-773-5683  
1-800-738-2301 (in SD only)

**Staff Directory**

**Kim Malsam-Rysdon, Secretary of Health**

Lynne Valenti, Deputy Secretary, Division Director, Healthcare Access & Quality and Health Protection, 605-773-6188  
Doreen Kayser, Executive Assistant, 605-773-3923  
Joan Adam, Division Director, Administration, 605-773-3361  
Beth Dokken, Division Director, Family and Community Health, 605-773-3737  
Dr. Joshua Clayton, State Epidemiologist, 605-773-3737  
Darcy McGuigan, Division Director, Finance, 605-773-4939  
Daniel Bucheli, Communications Director, 605-773-3361

**Disease Prevention Services** - Cassie Deffenbaugh, 605-773-3737

- Assistant Administrator - Angela Jackley, 605-773-4900
- Western Regional Supervisor - Summer Radke, 605-394-2519
- Eastern Regional Supervisor - Justin Reinfeld, 605-367-4610
- Healthcare-Associated Infections - Kipp Stahl, 605-773-4672
- HIV/AIDS Prevention - Susan Gannon, 605-773-5952
- Immunization - Tim Heath, 605-773-5323
- Immunization Registry Coordinator - Vacant, 605-773-4783
- Disease Surveillance Epidemiologist - Ashley Miller, 605-367-4342
- Infectious Disease Surveillance - Dustin Ortbahn, 605-773-3914
- Influenza Surveillance - Vickie Horan, 605-773-6195
- Ryan White Part B - Deborah Rumrill, 605-773-3523
- **Sexually Transmitted Disease Control - Mary Rea, 605-773-4794**
- Tuberculosis Control - Kristin Rounds, 605-773-4784



**National Coalition  
of STD Directors**

**2019-2020  
Full Members**

**Alabama**

Anthony Merriweather  
STD Director  
Alabama Department of Public Health  
[anthony.merriweather@adph.state.al.us](mailto:anthony.merriweather@adph.state.al.us)

• • •

**South Dakota**

**Mary Rea**  
**STD Program Coordinator**  
**Office of Disease Prevention Services**  
**Mary.rea@state.sd.us**

**Texas**

Shelley Lucas

**Alaska**

Nathan Wormington  
STD Program Coordinator  
Alaska Department of Health and  
Social Services  
[Nathan.wormington@alaska.gov](mailto:Nathan.wormington@alaska.gov)

**Tennessee**

Samuel Goings  
STD Prevention Director  
Tennessee Department of Health  
[Samuel.goings@tn.gov](mailto:Samuel.goings@tn.gov)

**Utah**

Scott White

As shown by the email dialogue below, it was DHS SECRETARY Kim Malsam-Rysdon's "STD PROGRAM COORDINATOR" Mary Rea who ultimately responded back to me admitting that Laura Nord/Charter had gone beyond the experience of her own DSS DEPARTMENT to the DOH DEPARTMENT in order to have my simple "request for reimbursement" of about \$250 for the batteries and transportation costs to retrieve the new batteries for my broken electric wheelchair (which would have otherwise cost TAXPAYERS thousands of dollars even if I had a reasonable choice of accepting and following Laura Nord's and SECRETARY Shawnie Rechtenbaugh's forced alternative of seeing the doctor and physical therapist for acquiring a NEW and EXPENSIVE "home mobility device").

#### Electric Wheelchair Resolution

On Wednesday, June 2, 2021, 4:02:21 PM MDT, Rea, Mary <mary.rea@state.sd.us> wrote:

Good afternoon David,

Your LTSS Specialist, Laura, has submitted documentation and justification for payment of your wheelchair batteries to the LTSS State Office with the documentation that you've provided. Please be mindful that this would be considered a one-time purchase and not a routine expense, given the circumstances provided, it will be allowable this time. LTSS can only authorize payment for the batteries themselves, excluding the gas expense, totaling: \$212.98. I am requesting you please complete and return the attached W-9 to me in order to process and pay this request.

If you have any additional questions in regards to this matter, please let me know.

Thank you,

**Mary Rea**

**HCBS/Provider Operations Lead**

SD Department of Human Services | Long Term Services and Supports  
Hillsview Plaza, 3800 East Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501  
Phone: 605-280-4366  
Fax: 605-773-4085



This new "title" for Mary Rea is very deceptive; because it does not convey the "complete and accurate" TRUTH to me – as a disabled "beneficiary" who is supposed to be fully participating in my own medical decision-making – that the STATE's "agent" (who is 24/7 under sworn OATH and DUTY to "faithful performance" as a "TRUSTEE" of the People's sovereign Power "UNDER [CRIMINAL] PENALTY OF PERJURY" to Oath and Duty) – is really an "STD Specialist" making decisions "with me" about what is "medically necessary" for me as a poor, elderly, "quad-amputee".

As shown by Mary Rea's email above, she had attached the "W-9" – as shown below on the next page – which she had conditionally pressured me to sign "UNDER PENALTY OF [CRIMINAL] PERJURY" in order to get reimbursed (for my good faith attempt to save the STATE money and to save ME from becoming institutionalized or hospitalized by reason on

no longer being able to take care of myself in an apartment by myself as the law otherwise allows and dictates).

State of South Dakota  
BFM-0001 (V03/201907)



SEND TO THE STATE AGENCY  
YOU SEND INVOICES

**DO NOT** send to IRS

Substitute **W-9**

### Taxpayer Identification Number (TIN) Verification

*Print or Type*

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<b>Legal Name</b> (as entered with IRS) <b>If Sole Proprietorship enter your Last, First MI</b>	<b>Entity Designation</b> (check only one) <b>Required</b> <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company - Individual <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> Trust/Estate <input type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)	
<b>Business Name</b> (If doing business as (DBA) or enter business name of Sole Proprietorship)	<b>Taxpayer Identification Number (TIN)</b>	
<b>Order Address</b> (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4		
<b>Remit Address</b> (where check should be mailed) PO Box or number and street, City, State, ZIP + 4	<b>Check Only One Required</b> <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)	
<b>Exemptions</b>  Exempt payee code (if any):  Exemption from FATCA reporting code (if any):		
<b>Certification</b> <u>Under penalties of perjury, I certify that:</u> 1. The number shown on this form is my correct taxpayer identification number, AND 2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. 3. I am a U.S. person (including a US resident alien).		
<b>Printed Name</b>	<b>Printed Title</b>	<b>Telephone Number</b>
<b>Signature</b>		<b>Date</b> (mm/dd/yy)
<b>Optional Direct Deposit Information</b>		
Your Bank Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (9-digit ABA #)	Name on Bank Account
<b>THIS IS A:</b> <input type="checkbox"/> new direct deposit <input type="checkbox"/> change of existing (providing old banking information required to change existing)		
Old Bank Account Number	Old Routing Number (9-digit ABA #)	<b>You must provide the previous banking information to make a change.</b>
Required e-mail address (Please make this LEGIBLE)		
If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <a href="http://bfm.sd.gov/vendor">http://bfm.sd.gov/vendor</a> . We will <b>NOT</b> share your email address with anyone or use it for any purpose other than communicating remittance information.		
<b>Information below to be completed by the State Agency. Vendor Number required for any new vendors added to SDAS.</b>		
State Agency:	Agency Contact:	Date:
		Vendor Number assigned by SDAS:



**NOTE how the FORM above, referred to by *agents* of the SOUTH DAKOTA government as a "W-9", is a "TAX" document which asks the person completing the document to declare UNDER PENALTY OF [CRIMINAL] PERJURY that s/he is a "sole proprietor" or other type of CORPORATE "person", VENDOR, or other type of ENTERPRISE. The words "Natural Person", "Child of God", or "Human Being" are not recognized by this "framing-in" of the options for answering this document. Further, despite it being a "TAX" document, it nevertheless reveals some *deceptive* and *unexplained* reason for NOT wanting the INTERNAL REVENUE SERVICE ("IRS") to have a copy of this completed document.**

**NOTE ALSO, in the previous pages herein, there are gross inconsistencies between all the above publicly available web-page documents posted by the STATE OF SOUTH DAKOTA "misrepresenting" to me and the rest of the "public at large" simultaneously – as all three found on the Internet on 7/24/21 – that Mary Rea holds all three (3) positions of:**

- 1) SEXUALLY TRANSMITTED DISEASE CONTROL specialist for the DOH;**
- 2) STD PROGRAM COORDINATOR for the DOH; and,**
- 3) HCBS/PROVIDER OPERATIONS LEAD for the DHS**

After carefully considering the above COERCION of Mary Rea in attempt to "frame" me into FRAUDULENTLY signing a document claiming that I am both a "TAXPAYER" and some type of CORPORATE "person", VENDOR, or other type of ENTERPRISE, I wrote Mary Rea the following "letter of response" expressing both my surprise and my disgust in her attempt to strip away my triple status as:

- 1) a "beneficiary of the welfare system" (and not "taxpayer");
- 2) a "Natural Person", being also One of the "Sovereign People" of the United States of America (not a CORPORATE "person", VENDOR, or other type of ENTERPRISE);
- 3) a "STATE citizen" inhabiting the Metes and Bounds of the Land known as the "United States of America" by way of a "federalist" connotation of "State Sovereignty" (as juxtaposed against the legal implications of being a "U.S. person" or "U.S. Citizen" or "U.S. Resident" as otherwise referred to by the FOURTEENTH AMENDMENT to the U.S. CONSTITUTION, as referred to in "MARITIME LAW" and "CIVIL LAW" by the crooked UNITED STATES "JUDICIARY" and the crooked "AMERICAN" and "STATE" attorney BAR ASSOCIATION(s)).

**Even further, it appeared that by my capitulation to "agent" Mary Rae's COERCION on behalf of the STATE OF SOUTH DAKOTA, being administratively managed by "principal" Kristi Noem as the STATE GOVERNOR, I would otherwise be accepting as "fact" that in all other circumstances besides this singular circumstance of being "granted" a reimbursement "benefit" by Mary Rae, I was legally "financially liable" for "medically necessary" services and equipment when I knew IN FACT that I was NOT.**

● **David Schied** <deschied@yahoo.com>

Wed, Jun 2 at 6:53 PM

To: Rea, Mary

Cc: Lowe, Leslie (DHS), Page, Rogine, Charter, Laura, Nancy Giovanetti, Jennifer Lewis, Val Clauser, Laura Nord, scott.odenbach@sdlegislature.gov, Mary J. Fitzgerald, Linda Williams, Dave Schied Hide

**This e-mail continues below on the next page.**

Dear Mary Rea,

**The FORM that was attached to your email must have been the wrong form. It was not a "payment reimbursement" form, it was a "taxpayer identification" form. I am not a "taxpayer". I am a "beneficiary" of public welfare.**

# About Form W-9, Request for Taxpayer Identification Number and Certification

## Current Year

## Prior Year

## Accessible

## eBooks

Use Form W-9 to provide your correct Taxpayer Identification Number (TIN) to the person who is required to file an information return with the IRS to report, for example:

- Income paid to you.
- Real estate transactions.
- Mortgage interest you paid.
- Acquisition or abandonment of secured property.
- Cancellation of debt.

## Related Items

- [About General Instructions for Certain Information Returns](#)
- [About Form 1099-B, Proceeds from Broker and Barter Exchange Transactions](#)

In fact, the form that you sent to me looked peculiarly as follows:

State of South Dakota  
BFM-0001 (V03/201907)

Substitute **W-9**

**Taxpayer Identification Number (TIN) Verification**

SEND TO THE STATE AGENCY  
YOU SEND INVOICES  
DO NOT send to IRS

Print or Type

...

In fact, your document even suggests that I submit it under threat of **CRIMINAL PENALTY OF PERJURY**. Why would I want to subject myself to such a threat?

Exemptions

Exempt payee code (if any):

Exemption from FATCA reporting code (if any):

Check Only One **Required**

☐ Social Security Number (SSN)

☐ Employer Identification Number (EIN)

☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

3. I am a U.S. person (including a US resident alien).

Printed Name: Printed Title: Telephone Number:

Signature: Date (mm/dd/yy):

Optional Direct Deposit Information

...

This e-mail continues below on the next page.

What you have done in sending such a document under THREAT would be very much like my having submitted my request to Laura Nord in the first place by reminding her that - like all other government officials who have sworn a OATH to the constitutions of the STATE and to the UNITED STATES - that **should anyone wishing to interpret her actions and statements as constituting a breach of her fiduciary duties that she could be CRIMINALLY prosecuted**. While, of course, the same goes for you too Mary Rea, it was never my intent to be so "on the nose" about my wish to be simply reimbursed for something that I was asking the STATE to pay for as a matter of "medical necessity" in addressing my "mobility needs" in context of the AMERICANS WITH DISABILITIES ACT mandating that government address such needs in the interest of keeping disabled people in the "Least Restrictive Environment" ("LRE").

I never would have dreamed of initially delivering my simple request under CRIMINAL THREAT, although that does actually go as **my reminder to you now since it would appear that you** are acting in an "official" capacity as someone who has been mandated to deliver one's PATH to the constitutions of the STATE and UNITED STATES, and thus **have a fiduciary obligation to "support and defend the laws" thereunder as the "Supreme Law of the Land"** (being in this case the AMERICANS WITH DISABILITY ACT as well as the "letter" and "spirit" of all the laws governing both MEDICARE and MEDICAID).

I cannot complete YOUR FORM document "under penalty of perjury" because I neither understand the purpose nor the reasoning for your sending me YOUR document. It would be FRAUD on my part to do anything but the simple TRUTH, which is to request simple reimbursement for the outlay of cost I paid out-of-pocket for a medically necessary instrument enabling me the mobility I need to otherwise keep living in the LRE. That was already sent in to Laura Nord/Charter, as "reasonably" signed by me, and by your correspondence today, you are reasonably acknowledging both my identity and the TRUTH behind my simple request.

You must understand that anything you do in attempt to COERCE me to go beyond what I have done already - to verify (without "reasonable accommodations") my identity or to supply taxpayer identification information...under penalty of perjury" - goes far beyond the simple scope of what this circumstance calls for ... being for no other purpose but to confuse and confound as corrupt bureaucracies are so well notorious for doing. Let's not create such an adversarial relationship out of my GOOD FAITH request as recently offered with other kind and considerate other qualifications to my request.

Perhaps, you meant "I-9" rather than "W-9". In fact, from the information I was able to obtain easily over the internet pertaining to "what is an I-9", it is a document the verifies "eligibility for employment".

I am not applying for employment with you, with the STATE OF SOUTH DAKOTA, or with the federal government. Instead, as you should already know, I am a "totally and permanently disabled quad-amputee" **who has not ever been even so much as OFFERED "rehabilitation services" by any agency of any STATE or NATIONAL government since my legs and fingers were amputated**. Therefore, I am perceived as "UNEMPLOYABLE" in spite that I would otherwise be a prime candidate for educational retraining for a position in ORGANIZATIONAL LEADERSHIP as is otherwise found in the training found at the following links:

[Doctor of Philosophy in Organizational Leadership](#)

### Doctor of Philosophy in Organizational Leadership

A CHALLENGING, FULFILLING, IN-DEPTH STUDY OF LEADERSHIPThe PhD in Organizational Leadership program allows you t...

[Program: Organizational Leadership, PhD - Northcentral University AZ - Acalog ACMS™](#)

### Program: Organizational Leadership, PhD - Northcentral University AZ - A...

Want to learn more about the programs and degrees offered at Northcentral University? Our comprehensive course c...

**This e-mail continues below on the next page.**



Neither am I planning to even APPLY for a job in the near future for the same reasons stated in the preceding paragraph.

Further, my making advanced payment for needed medical supplies (i.e., wheelchair batteries") was not conducted as an "employee" of any agency; nor was it done as a surrogate action on behalf of any employee of any government or other "taxable" corporate entity.



## What Is i 9 form?

I-9 form is an Employment Eligibility Verification. It is intended for verifying individual's identity and employment authorization in order to be employed in the U.S.

An employer has to ensure the proper completion of a form by an individual. Such form has to be obligatory filled out by both employer and employee.

In addition to I-9 an individual has to present employer with documents confirming his/her identity and eligibility to be employed. Further an employer will inspect these documents if they are genuine and valid and record document related information on the form. A person may find the list of required documents on the last page of a document.

The important fact is that fillable I-9 form doesn't require a social security number to be provided and excludes any filing fee.

---

A blank I-9 form sample is divided into 3 sections and consists of three pages. First two pages present the document itself and the last one includes list of documents requested to be attached for preparing a form in PDF. Before completing a document it is vital to read all specified instructions provided in each section in order to duly prepare a document.

If you wish simple "proof of identity", I can provide you with a copy of my STATE issued ID card. I can also refer you to people such as case manager Laura Charter (formerly Laura Nord before she was married a couple of weeks back and apparently changed her name to "Charter") since she has met me in person and qualified me at my habitat.

If it is "taxpayer identification" that you need relative to the CREDIT CARD that I used to make the payment for the medically necessary equipment, perhaps you should be addressing the CORPORATIONS that were also involved in this very same transaction, being both the BANK guaranteeing the credit card payment, and the BATTERIES & BULBS company who received the payment that I initiated and for which I was the ultimate BENEFICIARY. In that case, the receipt holds both the information about the "seller" and the last four digits of the credit card I used in COMMERCE. I will be happy to furnish you with additional information upon request WITHOUT signing "under penalty of perjury".

**This e-mail continues below  
on the next page.**

Please note that the effort to complicate things here by use of a "tax-identification" and/or "verification of employment" document for purposes of simple reimbursement for a medically-necessary mobility device is antithetical to the perceived purpose of Laura Nord/Charter having forwarded my request and receipts to you for reimbursement. I have not been "employed" for well over three (3) years and do not ever again intend to file "tax" documents for any reason. I ask instead for you to provide me with any "reasonable accommodation" that thwarts the underlying purpose for your asking me to complete and SIGN such a FORM as a totally and permanently disabled quad-amputee, as I do not comprehend the nature or purpose of your request. **Nor do I comprehend your asking a quad-amputee to provide a "hard" signature by email, which I see as most unreasonable.**

Please provide the legislative grounds for having me complete a W-9 "Verification of Employment Authorization" or other "tax-identification" document, assuming this document is exactly the one that you appear to be coercing me to "sign under [criminal] penalty of perjury". This request is herein sent to you - as the agent for the principal of "SD DEPARTMENT OF HUMAN SERVICES / LONG TERM SERVICES AND SUPPORTS" - under the STATE Laws of Transparency, being South Dakota's FREEDOM OF INFORMATION ACT. Please also note that this request is being made with the purpose of showing "how government operates", and as such, **I am requesting a WAIVER OF FEES AND COSTS to fulfill this request.** Note that I believe myself also qualified for waiver because I have recently reported myself to be a CRIME VICTIM, a recent REFUGEE, a destitute, and a pauper living entirely on the welfare of others as those "taxpayers" for whom you may wish to have identified.

**As long as you are at it, please also provide all documents that justify your reasons for denying my transportation costs in delivering the electric wheelchair to the doorstep of the business so that they could change out the batteries on the electric wheelchair at literally no added cost (beyond MY cost for delivery of the chair to THEIR doorstep).**

What I am trying to determine - with the intent of sharing with others exactly how government works - is whether government is actually promoting a more expensive SOCIALIST system in which I - as on of the sovereign People and as a totally and permanently disabled quad-amputee - would have been deemed "better off" for following a complicated (and possibly prohibitive to disabled persons) path to having an entirely new electric chair ordered for thousands of dollars in cost from a "medically approved" DEALER (in what appears to be a growing FASCIST society) or whether my taking a private (and clearly much cheaper) path to a simpler and quicker resolve (in practical, private, and COMMON LAW terms) makes me "better off". **As things look so far, my good faith efforts to keep things simple are resulting in CRIMINAL THREATS that I cannot appreciate in the least, particularly as a disabled person.**

For this ONE TIME, I will allow the fulfillment of this FOIA request to be sent to me at my post office box. Please send the documents requested in timely fashion, in accordance with time restrictions allocated by the SOUTH DAKOTA legislature, to the following address:

David Schied  
P.O. Box 321  
Spearfish, S. Dakota 57783

Thank you for your - and Laura's - prompt response to my very recent request and receipt copies. Please note that I am copying this email to Linda Williams at the "disability advocacy" nonprofit organization of WESTERN RESOURCES, as well as to my local STATE legislators of Scott Odenbach and Mary Fitzgerald. Hopefully, I may be getting them to weigh in upon these procedures and FORM documents being imposed upon disabled people wishing to get these types of "medically necessary" things done in the least expensive and expeditious matter.

Cordially yours,  
David Schied

**This FIRST "PUBLIC RECORDS REQUEST" was issued on 6/2/21, having been sent to many DOH, DHS, and DSS "agents"; and, so far, the STATE "agents and principals" have all been "affirmatively" COMPLETELY SILENT.**

**Therefore, the "principals" of the STATE OF SOUTH DAKOTA are out of "legal" compliance with the STATE LEGISLATOR's "Public Records" laws; and affirmatively out of "constitutional compliance" with "transparency in government" requirements.**

As shown at the very beginning of the above-referenced emails, I followed Mary Rea's lead in copying my email to the woman referenced by name as "Rogine Page". (See again below)

- Electric Wheelchair Resolution



• **Rea, Mary** <mary.rea@state.sd.us> Wed, Jun 2 at 4:02 PM

To: deschied@yahoo.com

Cc: Lowe, Leslie (DHS), Page, Rogine, Charter, Laura



Good afternoon David,

**David Schied** <deschied@yahoo.com>

Wed, Jun 2 at 6:53 PM

To: Rea, Mary

Cc: Lowe, Leslie (DHS), Page, Rogine, Charter, Laura, Nancy Giovanetti, Jennifer Lewis, Val Clauser, Laura Nord, scott.odenbach@sdlegislature.gov, Mary J. Fitzgerald, Linda Williams, Dave Schied Hide



Therefore, the next questions are "Who is Rogine Page?" And, "What is Rogine Page's relationship to 'my' disability case being DENIED for MEDICAID?"

Again...

So herein, my RECORDED PHONE DISCUSSIONS PROVE that these inexperienced STATE "agents" are overriding the medical doctors on determining my "needed level of care" and the federal SOCIAL SECURITY ACT's CONTRACT with the STATE OF SOUTH DAKOTA on what is required to be paid for out of both FEDERAL and STATE funding for that care.

So, let's now review exactly how "inexperienced" these agents of the STATE are – both in terms of who they are and the context in which the STATE OF SOUTH DAKOTA is applying them in decision-making – besides SECRETARY Shawnie Rechtenbaugh's agents of "Patty" and "Laura", who are apparently overriding both medical doctors and the CONTRACT that the STATE OF SOUTH DAKOTA has with the "federal government" under the various TITLES of the SOCIAL SECURITY ACT.



## ROGINE PAGE

Rogine Page is not “*inexperienced*”. On the contrary, she has been so “*experienced*” as to have been instrumentally involved in “*hiring*” decisions to be named in an EMPLOYMENT DISCRIMINATION case filed by the UNITED STATES OF AMERICA against the DEPARTMENT OF SOCIAL SERVICES (“DSS”), indicating that as an ADULT SERVICES AND AGING SPECIALIST (“ADA”) SUPERVISOR, her considered evaluations of “*employment applicants*” interviews of those being considered for hiring were markedly instrumental to the UNITED STATES proving that the STATE OF SOUTH DAKOTA has a marked history of implementing DISCRIMINATORY PRACTICES within its DEPARTMENT OF SOCIAL SERVICES and relating also to its DIVISION OF ADULT SERVICES AND AGING.

UNITED STATES DISTRICT COURT

DISTRICT OF SOUTH DAKOTA

WESTERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

vs.

THE SOUTH DAKOTA DEPARTMENT  
OF SOCIAL SERVICES,

Defendant.

CIV. 15-5079-JLV

REDACTED ORDER

<https://www.law360.com> › other › articles › social-service... ⋮

### Social Services Dept. Settles Native American Hiring Bias Suit ...

The case was United States of America v. The South Dakota Department of Social Services, case number 5:15-cv-05079, in the U.S. District Court for the District ...

## Social Services Dept. Settles Native American Hiring Bias Suit

By Kelly Zegers · January 30, 2020, 9:00 PM EST

The South Dakota Department of Social Services will pay out \$350,000 to settle a suit in which the federal government accused the agency of intentionally discriminating against Native American job applicants....

... Nancy Sletto was the ASA Specialist Supervisor from the mid-2000's until 2010. (Sletto Dep. 40:14-15; 42:5-6.) Sletto was replaced by Rogine Page, who was the ASA Specialist Supervisor from July 2011 through the present. (Page Dep. 21:12-20.) the mid-2000s until 2010. Id. ¶ 30. Rogine Page replaced Ms. Sletto and has been the ASA Specialist Supervisor since July 2011. Id. ¶ 31.

Each Supervisor in turn reported to a Regional Manager. There were two Regional Managers with management responsibilities for the Pine Ridge Office. First, the Regional Manager for the Division of Economic Assistance ("DEA Regional Manager") oversaw the Employment Specialist Supervisor and the Benefits Specialist Supervisor, along with the respective Employment Specialists and Benefits Specialists. ...

Normally there are a static number of Specialist positions at the DSS Pine Ridge Office and the opportunity to hire a new employee only arises when a vacancy in an existing Specialist position occurs. Id. ¶ 36. When a vacancy occurs the supervisor of that position (the "Hiring Supervisor") informs the regional manager and prepares a requisition request asking that the position be advertised. Id. ¶ 37. DSS assigns each requisition a unique number.

The Plaintiff also asserts that DSS hired Jeanie Montgomery (Caucasian) as an ASA Specialist instead of Irene Red Cloud (Native American). (Doc. 46 at 20.) Rogine Page, the Hiring Supervisor for that position, testified that Montgomery had "a lot of work experience," including prior caseworker experience at a mental health facility. (Page Dep. 140:22-141:6.) Montgomery's Rationale for Appointment stressed Montgomery's experience as a nurse, which Page believed would be helpful for the ASA Specialist Position. (*Id.* at 142:6-10.) Additionally, Page testified that Red Cloud had a "sketchy" job history, because "this job was three months, this job was two months, this job was – oh, that was ten months . . . That concerns me as a supervisor who has not had any Specialists for a year as to her work history." (Page Dep. 150:7-15.) Additionally, Red Cloud had not been employed since 2003. (Page Dep. 150:18-19.) Perhaps most importantly, Page testified that Red Cloud would not accept any less than \$17.00 per hour, and that she would not have been able to get that as an ASA Specialist. (Page Dep. 154:3-16.)

### **McDonald's is giving 90,000 workers a raise**

Apr 2, 2015 — The result: the fast food giant projects that its average hourly wage will reach more than \$10 an hour by the end of 2016 -- up from \$9.01 ...

### What is Mcdonalds starting pay?

These increases, which have already begun, will be rolled out over the next several months and include shifting the entry level range for crew to at least \$11 - \$17 an hour, and the starting range for shift managers to at least \$15 - \$20 an hour based on restaurant location. May 13, 2021

So clearly the answer to my question a couple of pages back is that **Rogine Page is a “team player” with long history of proven DISCRIMINATION.** Although things are still vague (at this point in this instant writing) as to the reason **SEXUALLY TRANSMITABLE DISEASES (“STD”) PROGRAM COORDINATOR Mary Rea’s email to me was also copied to Rogine Page, the connection to Giovanetti’s RETALIATION against me, and Nancy Giovanetti’s and Laura Nord/Charter’s MEDICAID DENIAL can be further explained by “connecting the dots” of Page’s past proven history of “racial” discrimination to her “teamwork role” in working with the ALL WOMEN “STATE agents” of Jennifer Lewis, Nancy Giovanetti, and Laura Nord/Charter and others in DENYING me in writing for “Medical Assistance”, for the “ADSL WAIVER”, for the “HOPE WAIVER”, and all other forms of MEDICAID, in GROSS CONSTITUTIONAL VIOLATION of federal “FULL FAITH AND CREDIT” laws.**

**NOTE that Leslie Lowe** – another “STATE functionary” emailed by Mary Rea and myself regarding the above-referenced (nonexistent so far) “ELECTRIC WHEELCHAIR RESOLUTION” baited by COERCION and followed by my “FREEDOM OF INFORMATION ACT” document request under the OPEN RECORDS ACT (to which all of these “team players” jointly and “affirmatively” acted in GROSS NEGLIGENCE and MALFEASANCE to constructively DENY me – is none other than Mary Rae’s boss – **is the agent for at the DOH SECRETARY Kim Malsam-Rysdon’s “SEXUAL VIOLENCE PREVENTION AND EDUCATION” PROGRAM, which is funded by the NATIONAL INSTITUTE OF HEALTH’S “RAPE PREVENTION AND EDUCATION GRANT”.**

**Program: South Dakota Department of Health**

**Agency: SOUTH DAKOTA DEPARTMENT OF HEALTH - STATE OFFICE**

[Website: doh.sd.gov](http://doh.sd.gov)

[Email: DOH.info@state.sd.us](mailto:DOH.info@state.sd.us)

### **Description**

The South Dakota Department of Health delivers a wide range of public health services to promote, protect, and improve the health of every South Dakotan.

### **Main Contact**

**John Osburn**

**Administrator, Office of Health Protection**

605-773-3361

[john.osburn@state.sd.us](mailto:john.osburn@state.sd.us)

### **Senior Administrator**

**Kim Malsam-Rysdon**

**Secretary of Health**

[Kim.Malsam-Rysdon@state.sd.us](mailto:Kim.Malsam-Rysdon@state.sd.us)

### **Main Contact**

**Mary Rea**

**STD Program Coordinator**

(605) 773-4794

[Website: doh.sd.gov/local-offices/hiv-std-testing/](http://doh.sd.gov/local-offices/hiv-std-testing/)

### **Senior Administrator**

**Susan Gannon**

**HIV Program Coordinator**

(605) 773-5952





# GRANTS

## Sexual Violence Prevention and Education

Lowe, Leslie

South Dakota State Department of Health, Pierre, SD, United States

Agency National Institute of Health (NIH)  
 Institute National Center for Injury Prevention and Control (NCIPC)  
 Type Rape Prevention and Education Grants (VF1)  
 Project # 5VF1CE001109-02  
 Application # 7302307  
 Study Section Special Emphasis Panel (ZCE1-SRC (99))  
 Program Officer Wheaton, Jocelyn  
 Project Start 2006-11-01  
 Project End 2011-10-31  
 Budget Start 2007-11-01  
 Budget End 2008-10-31  
 Support Year 2  
 Fiscal Year 2008  
 Total Cost \$104,705  
 Indirect Cost

### ▼ Institution

Name South Dakota State Department of Health  
 Department  
 Type  
 DUNS # 809587710  
 City Pierre  
 State SD  
 Country United States  
 Zip Code 57501

### ▼ Related projects

<u>NIH 2012</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education Duffel, Beverly / South Dakota State Department of Health	\$90,641
<u>NIH 2011</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education Duffel, Beverly / South Dakota State Department of Health	\$94,310
<u>NIH 2010</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education Disburg, Teresa / South Dakota State Department of Health	\$103,368
<u>NIH 2009</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education <u>Lowe, Leslie</u> / South Dakota State Department of Health	\$104,663
<u>NIH 2008</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education <u>Lowe, Leslie</u> / South Dakota State Department of Health	\$104,705
<u>NIH 2007</u> <u>VF1 CE</u>	Sexual Violence Prevention and Education <u>Lowe, Leslie</u> / South Dakota State Department of Health	\$106,574

### ▼ Comments on Leslie Lowe's grant

As further noted, the NATIONAL INSTITUTE OF HEALTH has been more recently proven to be FUNDING “GAIN-OF-FUNCTION” RESEARCH in the SOCIALIST / COMMUNIST CHINA to result in the direct institution of BIOTERRORISM and an international DEADLY “COVID PANDEMIC” still with us today!

## What is known about the claims that the Wuhan Institute of Virology conducted research to bioengineer bat coronaviruses?

<https://healthfeedback.org/what-is-known-about-the-claims-that-the-wuh>

• • •

### The Wuhan Institute of Virology was a sub-contractor of an NIH grant

We know that the Wuhan Institute of Virology received funding from the NIH, albeit indirectly. Between 2015 and 2019, the Wuhan Institute of Virology received \$814,608 as a sub-awardee from grants awarded by the NIH. Records of this are displayed under Sub-Awards on the website USAspending, which is maintained by the U.S. government, shows. For one grant, the prime recipient was the University of California, Irvine. For five other grants, the prime recipient was EcoHealth Alliance Inc.

The NIH awarded a \$3.4 million grant to the non-profit organization EcoHealth Alliance Inc. over six years, funding research to study the risk of bat coronavirus emergence. This sum of money was administered by the National Institute of Allergy and Infectious Diseases (NIAID), the institute of the NIH directed by Fauci. EcoHealth Alliance then awarded part of the money to the Wuhan Institute of Virology (\$598,500 over five years).

As Robert Kessler, a spokesman for EcoHealth Alliance, explained to the *Washington Post*, the organization “was funded by the NIH to conduct study [sic] of coronavirus diversity in China. From that award, we subcontracted work with the Wuhan Institute of Virology to help with sampling and lab capacity.” In April 2020, the grant to EcoHealth Alliance was terminated by the Trump administration. The grant was later reinstated, but funds can only be used if conditions set by the NIH are met.

Summing up, the Wuhan Institute of Virology received funding from the NIH, via a grant awarded to EcoHealth Alliance.

Gain-of-function research alters traits to better understand pathogens; the definition of gain-of-function research depends on who you ask

• • •

The term gain-of-function research reflects the goal of such research. Specifically, it involves manipulating a virus in a way that it improves the virus' ability to do something, for example increase its transmissibility. Such experiments allow scientists to better predict emerging infectious diseases, plan how to combat a virus, and develop potential vaccines or therapeutics.

One example of gain-of-function research that has been done is in flu vaccine development. For example, when researchers grow the human influenza virus, isolated from a nasal or throat swab, in a fertilized chicken egg, they can select for a virus clone that has accumulated mutations which enable the virus to “gain the function” of growing in a chicken egg. This long-standing approach is used for producing the influenza vaccine<sup>[1]</sup>.



Gain-of-function research came under scrutiny in 2012 when two teams of scientists made a version of the H5N1 avian flu strain that could spread between ferrets while trying to understand how the virus may be transmitted between humans<sup>[2,3]</sup>.

In 2014, NIH funding for new gain-of-function virology studies that alter a pathogen to make it more transmissible or deadly was paused for three years. During this pause, gain-of-function research was defined thus in this statement by the White House: "With an ultimate goal of better understanding disease pathways, gain-of-function studies aim to increase the ability of infectious agents to cause disease by enhancing its pathogenicity or by increasing its transmissibility."

The pause was intended to provide time to address the risks and benefits of this kind of research, to develop a policy for weighing risks, and to improve biosafety and biosecurity protocols for funded projects.

"Specifically, the funding pause will apply to gain-of-function research projects that may be reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route," the White House clarified in its announcement.

• • •

The U.S. government's funding pause was lifted on 19 December 2017. The U.S. Department of Health and Human Services announced a framework for funding research on so-called enhanced potential pandemic pathogens (PPP).

This framework defined PPP as a pathogen that is "likely highly transmissible" and "likely highly virulent and likely to cause significant morbidity and/or mortality in humans". An enhanced PPP is one that results "from the enhancement of the transmissibility and/or virulence of a pathogen". Under this framework, enhanced PPPs do not include pathogens that are naturally circulating and have been recovered from nature.

As described above, gain-of-function research is hard to define. For all intents and purposes, work that increased transmissibility or enhanced pathogenicity fell under the NIH's definition of gain-of-function research, based on the definition given during its funding pause.

Grant for research at the Wuhan Institute of Virology didn't fall under the NIH's definition of gain-of-function research

While funding for gain-of-function research was paused, the EcoHealth Alliance project that was carried out with the Wuhan Institute of Virology was reviewed by the NIH, according to a statement by the NIH to the *Washington Post* from 19 May 2021. It was determined that this work did not involve gain-of-function research. In this statement, the NIH also said that:

*"NIH has never approved any grant to support 'gain-of-function' research on coronaviruses that would have increased their transmissibility or lethality for humans."* • • •



---

## CHINA: U.S. 'CONDUCTING BIOLOGICAL WARFARE AND BIOTERRORISM'



## A look at China's biowarfare ambitions

JAVIN ARYAN



The FACT is that the NATIONAL INSTITUTE OF HEALTH (“NIH”) is utilizing very nefarious people within its ranks to not only control where and to whom the money of American TAXPAYERS gets allocated – like to the CHINESE COMMUNIST PARTY’s (“CCP’s”) WUHAN INSTITUTE and to Leslie Lowe and her “team members” of Mary Rea and Rogine Page looking upon me, connecting me, and/or treating me as if I am some kind of diseased male sexual deviant, being undeserving of “MEDICAL ASSISTANCE” because of their PREJUDICIAL GENDER STEREOTYPES, and in spite of my having lost appendages from all four (4) quadrants of my body just three years ago (!) – but the NIH is also utilizing those same people and their covert *Seditious* and *Treasonous* enterprising networks to bring down the FEDERAL and STATE governments of the sovereign People of the United States by weakening America’s constitutional infrastructure from the inside-out. One perfect example is the relationship that NIH’s “DEPUTY ASSOCIATE GENERAL COUNSEL” Lisa Barsoomian has with the U.S. DEPARTMENT OF JUSTICE’s (“USDOJ’s”) Rod Rosenstein.

**NIH ENTERPRISE DIRECTORY (NED)** Search By:

Last Name:  First Name:

Institute/Center:

[Advanced search options](#)

Your search returned 3 records. Click on the column header to sort. Results per page

Name	IC	Classification	E-mail	Phone
Barsoomian, Lisa	OD	Employee	<a href="mailto:barsoomian@mail.nih.gov">barsoomian@mail.nih.gov</a>	301-496-6043
Boersma-Maland, Brenda J	NCI	Employee	<a href="mailto:brenda.boersma@nih.gov">brenda.boersma@nih.gov</a>	240-760-7745
Broesamle, Riema C	CC	Employee	<a href="mailto:riema.broesamle@nih.gov">riema.broesamle@nih.gov</a>	301-402-5098



As is shown further below, an article written by Roger Stone in 2017 pointed out four sets of facts detailing how the employment of both Rod Rosenstein (USDOJ) and Lisa Barsoomian (NIH) (and others) helped to undermine and ultimately corrupt and dismantle the TRUMP ADMINISTRATION from the inside.

Those four sets of facts include:

- 1) **Rod Rosenstein** was involved in the conspiracy attempt to “take down” President Trump and its subsequent cover-up of FISA Court abuses;
- 2) Before that, **Rosenstein** was involved in the investigation and resulting coverup of the “**URANIUM ONE**” deal;
- 3) Before that, **Rosenstein** was involved in the investigation and resulting coverup of the “**WHITEWATER**” affair;
- 4) **Rosenstein’s wife, Lisa Barsoomian**, is also an agent of the DEEP STATE (i.e. a “domestic terrorist”) with no allegiance to the Constitution and to the sovereign People as the beneficiaries who are paying her “fiduciary government” salaries under this Nation’s highest and most sacred “Public Trust”.



- 3 Enter Lisa Barsoomian, wife of Rod Rosenstein. Lisa is a high-powered attorney in Washington, DC, who specializes in opposing Freedom of Information Act requests on behalf of the Deep State, err, I mean, the Intelligence Communities.

There is a hierarchy and assigned “roles” in this “domestic terrorist” criminal enterprise

Lisa Barsoomian works for R. Craig Lawrence, an attorney who has represented Robert Mueller three times, James Comey five times, Barack Obama forty-five times, Kathleen Sebellius fifty-six times, Bill Clinton forty times, and Hillary Clinton seventeen times between 1991 and 2017.

Barsoomian participated in some of this work personally and has herself represented the FBI at least five separate times. It would be great to research the specifics of the cases she worked in, many of the documents from the Court Docket relating to these cases have been removed from the D.C. District and Appeals Court, including her representation for Clinton in 1998’s case Hamburg, V. Clinton.

The term “DEEP STATE” is interchangeable with “domestic terrorists”

Her loyalties are clearly with the entities that make up the Deep State, as are her husbands.

The unwritten “policies” have changed the way “government” works.

## 1 MUELLER, ROSENSTEIN, AND COMEY: THE THREE AMIGOS FROM THE DEEP STATE

Posted by Editor | Jun 22, 2017 | Latest News, Roger Stone News | 32



BY ROGER STONE

Case 1:98-cv-01459-TPJ Document 44 Filed 12/02/98 Page 1 of 9

### UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

AL HAMBURG,  
Plaintiff,  
  
v.  
WILLIAM J. CLINTON, President  
of the United States of America,  
Defendant.

Civil Action No. 98-1459 (TPJ)

FILED

DEC 02 1998

NANCY HANCOCK ANDERSON, CLERK  
U.S. DISTRICT COURT

RECEIVED  
DEC 02 1998  
U.S. DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

Respectfully submitted,

LISA BARSOOMIAN, DC Bar #448398  
Assistant United States Attorney  
Judiciary Center Building  
555 - 4th Street, N.W.  
Washington, D.C. 20001  
(202) 305-4851

- 2 There is a longtime and incestuous relationship between the fixers who have been tasked with taking down President Trump, under the fake narrative of enforcing the law. James Comey worked in the DOJ directly under Mueller until 2005. Rod Rosenstein and Mueller go even further back.

James Comey wasn’t just some associate of Mueller back then, but rather his protégé. Under the George W. Bush presidency, when Comey was serving as Deputy Attorney General under John Ashcroft, Robert Mueller was Comey’s go-to guy when he needed help. The two men, as it came to light years later, conspired to disobey potential White House orders to leave Ashcroft alone when he was incapacitated in March of 2004. These two men, when together, will not obey orders if they think they know better. Being filled with hubris and almost two decades of doing just about anything they want, they always think they know better.

Rod Rosenstein, current Deputy Attorney General under Attorney General Jeff Sessions, is also a member of the Mueller Gang, having worked directly under Robert Mueller at the Department of Justice as far back as 1990. When Comey was still working as the Deputy Chief of the Criminal Division for the U.S. Attorney’s office in New York, Mueller and Rosenstein were becoming thick as thieves.

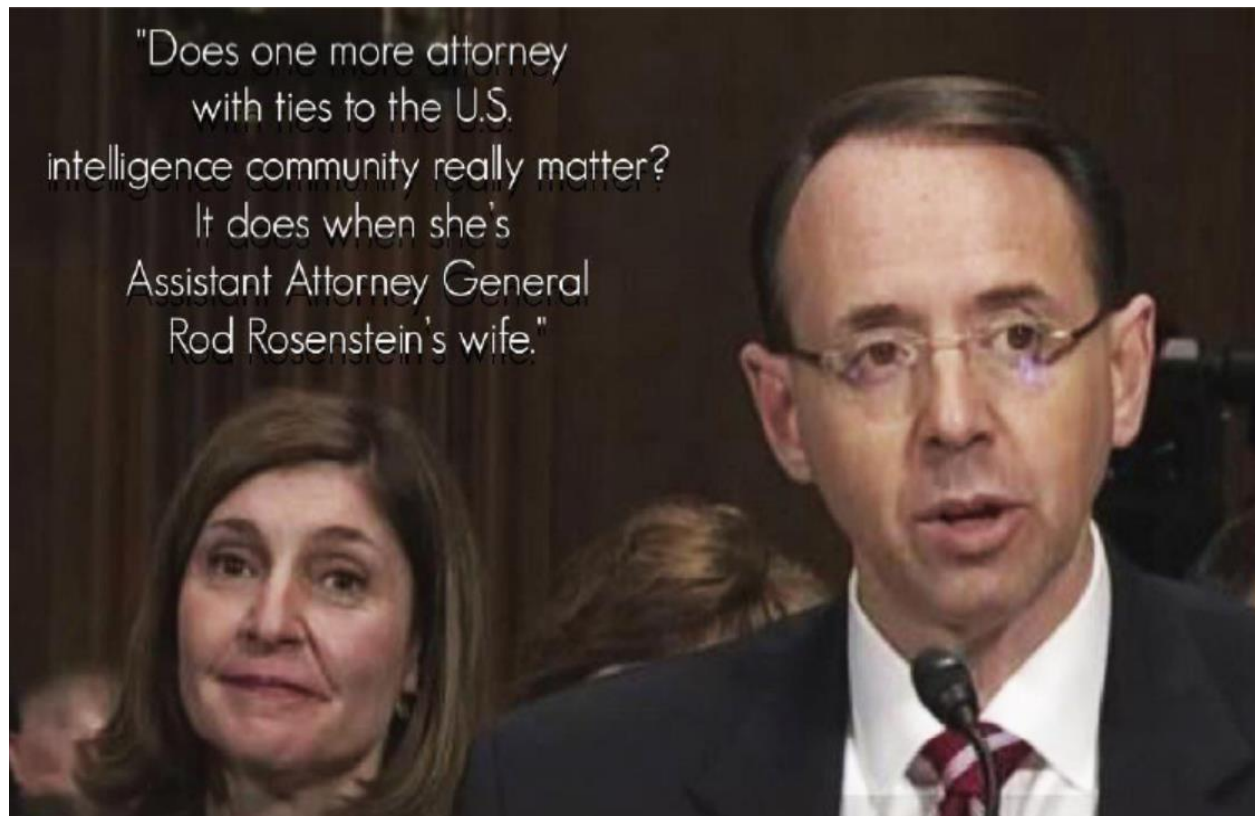


4

They are a DC Globalist Power Couple, and they mean to destroy Donald Trump under the bidding of their Globalist Masters. Rod Rosenstein should not have any position in President Trump's administration, let alone one with so much power to harm the Office of the Presidency.

Mueller is also a Deep State lackey, even acting as delivery boy for Hillary's State Department, hand transporting ten grams of highly enriched uranium under the auspices of counter-terror. It must only be coincidence that this happened at the same time as Hillary and her henchman John Podesta were nurturing the Uranium One deal that would see Russia take control over 20% of America's proven uranium reserves. Shortly after the Russia uranium deal closed, the Clinton Foundation was showered with many millions of dollars from Russian donors.

Comey, Rosenstein, and their patron Mueller are truly the Three Amigos of the Deep State. Joined long ago in mutual regard, owing allegiance only to each other and the enshrined bureaucracy that created them. As their actions show, they desire to thwart the will of the people and depose the duly elected President of the United States of America by using all the powers at their disposal.





Furthermore, what records are still left reveal that Barsoomian resided at the very top of the government employment. See below as the Federal Register shows in 2008, Barsoomian to be doing “performance reviews” of “senior executives” under the employ of the DEPARTMENT OF HEALTH & HUMAN SVCS.



speaker (one speaker per organization). Persons can register on-line to present oral comments or contact Dr. Lunn (see ADDRESSES above). When registering to comment orally, please provide your name, affiliation, mailing address, telephone and facsimile numbers, e-mail and sponsoring organization (if any). If possible, send a copy of the statement or talking points to Dr. Lunn by December 1, 2008. This statement will be provided to the expert panel to assist them in identifying issues for discussion and will be noted in the meeting record. Registration for presentation of oral comments will also be available at the meeting on December 9–10, 2008, from 7:30–8:30 a.m. Time allowed for comments by on-site registrants may be less than for pre-registered speakers and will be determined by the number of persons who register at the meeting. Persons registering at the meeting are asked to bring 25 copies of their statement or talking points for distribution to the expert panel and for the record.

#### Background Information on the RoC

The RoC is a congressionally mandated document (Section 301(b)(4) of the Public Health Services Act, 42 U.S.C. 241(b)(4)), that identifies and discusses agents, substances, mixtures, or exposure circumstances (collectively referred to as “substances”) that may pose a hazard to human health by virtue of their carcinogenicity. Substances are listed in the report as either known or reasonably anticipated to be human carcinogens. The NTP prepares the RoC on behalf of the Secretary of Health and Human Services. Information about the RoC and the nomination process can be obtained from its homepage (<http://ntp.niehs.nih.gov/go/roc>) or by contacting Dr. Lunn (see FOR FURTHER INFORMATION CONTACT above). The NTP follows a formal, multi-step process for review and evaluation of selected substances. The formal evaluation process is available on the RoC Web site (<http://ntp.niehs.nih.gov/go/15208>) or in printed copy from the RoC Office.

Dated: October 2, 2008.

Samuel H. Wilson,  
Acting Director, National Institute of  
Environmental Health Sciences and National  
Toxicology Program.  
[FR Doc. E8–24102 Filed 10–9–08; 8:45 am]  
BILLING CODE 4140–01–P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Performance Review Board Members

Title 5, U.S.C. 431 4(c)(4) of the Civil Service Reform Act of 1978, Public Law 95–454, requires that the appointment of Performance Review Board Members be published in the Federal Register.

The following persons may be named to serve on the Performance Review Boards of Panels, which oversee the evaluation of performance appraisals of Senior Executive Service members of the Department of Health and Human Services.



#### Office of the Secretary:

Agnew, Ann C .....  
Babin, Holly J .....  
Baldus, Andrew C .....  
Barker, Thomas R .....  
Barry, Daniel J .....  
  
Barsoomian, Lisa .....  
Bartley, Paul S .....  
Bediker, Larry J .....  
Bell, Karen M .....  
Bennett, Carol J .....  
Benor, David E .....  
Bowler, Christopher M .....  
Broman, Barbara B .....

Executive Secretary to the Department.  
Deputy Assistant Secretary, Public Affairs (Media).  
Director, Division of Budget Policy, Execution and Review.  
Deputy General Counsel.  
Deputy Associate General Counsel (Procurement, Fiscal and Information Law).  
Deputy Associate General Counsel (Claims and Employment Law).  
Director, Program Support Center.  
Director, Business Operations.  
Director, Office of Health Information Technology.  
Deputy Program Integrity.  
Associate General Counsel for Public Health.  
Deputy Assistant Secretary for Legislation (Human Services).  
Deputy to the Deputy Assistant Secretary for Planning and Evaluation.

The “hiring bias” depicted by Barsoomian’s “performance evaluations” at the federal level appears to be mirrored by the “hiring evaluations” of Regina Page at the SD STATE level.

So, it is entirely possible that the NIH Grants trickling in, so to fund the **SEXUAL VIOLENCE AND EDUCATION PROGRAMS** of Leslie Lowe, Mary Rea, Rogine Page, and others of SOUTH DAKOTA’s DOH, DHS, and DSS “consortium”, is being used to fulfill similar seditious agendas.



**GRANTS**

Sexual Violence Prevention and Education

Lowe, Leslie

South Dakota State Department of Health, Pierre, SD, United States

NIH 2012	Sexual Violence Prevention and Education	\$90,641
VF1 CE	Duffel, Beverly / South Dakota State Department of Health	
NIH 2011	Sexual Violence Prevention and Education	\$94,310
VF1 CE	Duffel, Beverly / South Dakota State Department of Health	
NIH 2010	Sexual Violence Prevention and Education	\$103,368
VF1 CE	Disburg, Teresa / South Dakota State Department of Health	
NIH 2009	Sexual Violence Prevention and Education	\$104,663
VF1 CE	<u>Lowe, Leslie</u> / South Dakota State Department of Health	
NIH 2008	Sexual Violence Prevention and Education	\$104,705
VF1 CE	<u>Lowe, Leslie</u> / South Dakota State Department of Health	
NIH 2007	Sexual Violence Prevention and Education	\$106,574
VF1 CE	<u>Lowe, Leslie</u> / South Dakota State Department of Health	

Perhaps this is why, for some unexplained reason, there has been a purposeful assignment by the “*SECRETARIES*” of the DOH, the DHS, and the DSS – on behalf of their “*principals*” of Kristy Noem and the STATE OF SOUTH DAKOTA – of sympathizers to victims of male criminal perpetrators and sexual predators, and/or to “*feminist*” gender ideals of anti-male biases, instead of providing me with the CRIME VICTIMS SERVICES that would otherwise be warranted given my persisting CLAIMS since arriving to SOUTH DAKOTA that I was recently TRAUMATIZED by CRIMINAL VICTIMIZATION and arrived here a “REFUGEE”, having fled from the INSURRECTION and DOMESTIC TERRORISM running rampant throughout the so-called “government” of the STATE OF MICHIGAN.

**THE SECRETARIES OF THE “DOH”, THE “DHS”, AND THE “DSS” OPERATING ON BEHALF OF “PRINCIPALS” KRISTI NOEM AND THE STATE OF SOUTH DAKOTA ALTOGETHER KNOW THEY ARE “OUT OF COMPLIANCE” AND COMMITTING ONGOING VIOLATIONS OF THE FEDERAL SOCIAL SECURITY ACT.**

As pointed out many pages back, SECRETARY Shawnie Rechtenbaugh’s DHS agent Mary Rea attempted to COERCE me into signing away my “status” as well as my rights under threat of “[CRIMINAL] PENALTY OF PERJURY”. I thus, declined filling out her frameup document both “accurately” and “completely” for obvious reasons. Yet, she failed, herself, to both “accurately and completely” explain to me the meaning of her own CORPORATE TITLE as “HCBS/Provider Lead”, as found just under her email “signature” .

**Mary Rea**

**HCBS/Provider Operations Lead**

SD Department of Human Services | Long Term Services and Supports

Hillsview Plaza, 3800 East Highway 34

c/o 500 East Capitol Avenue

Pierre, SD 57501

Phone: 605-280-4366

Fax: 605-773-4085

This is a significant misrepresentative GROSS OMISSION given that there are obviously many other PUBLIC DOCUMENTS

placed on the Internet by the STATE OF SOUTH DAKOTA telling a very different story about Mary Rea’s

background in SEXUALLY TRANSMITTABLE DISEASES and NOT in servicing “TOTALLY AND PERMANENTLY DISABLED QUAD-AMPUTEES” like me in accordance with the SOCIAL SECURITY ACT.




# **SOUTH DAKOTA HOME AND COMMUNITY BASED SERVICES STATEWIDE TRANSITION PLAN**

South Dakota Department of Social Services

Division of Medical Services

The same should also be stated about **Jennifer Lewis** for DENYING ME – “UNDER [CRIMINAL] PENALTY OF PERJURY” (to Oath and Duties) for the “ADLS WAIVER”; **Laura Nord/Charter and Nancy Giovanetti** when DENYING ME afterwards for the “HOPE WAIVER”, while not informing me that – under the SOCIAL SECURITY ACT (as having just been amended in April 2021) – even as they somehow otherwise inconceivably determined me as “ineligible for (these various ‘forms’ of MEDICAID” based upon their own EXCLUSIVE and UNFOUNDED CRITERIA of my “self-care” ability to “bathe myself” – there were still other options for the STATE to utilize SOUTH DAKOTA’s FUNDING FROM THE UNITED STATES UNDER THE “ACT” to provide me, as a TOTALLY AND PERMANENTLY DISABLED “QUAD-AMPUTEE” with not only “MEDICAL ASSISTANCE”, but also “DIGNITY and RESPECT” as I am otherwise entitled to by law.

**WHAT IS THIS OPTION ABOUT WHICH I WAS NEVER INFORMED?**

<p>42 CFR 441.301 (c)(4)(i) <u>Setting is integrated in and supports full access to the greater community.</u></p>	<p> <b>HCBS Waiver</b> Appendix B, B-7: Freedom of Choice <b>HCBS Rules</b> <a href="#">ARSD 46:11:02:02</a> <a href="#">ARSD 67:54:04:09</a> <a href="#">Residential limitations on eligibility</a> <b>South Dakota Codified Law</b> <a href="#">SDCL 27B-8-36</a> <a href="#">SDCL 27B-8-45</a> <b>Provider Contractual Agreement</b> Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership</p>	<p>Fully Compliant  <b>NO</b> </p>	<p><b>GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:</b> <u>67:54:04:09. Residential limitations on eligibility.</u> Residents of hospitals, skilled nursing facilities, intermediate care facilities, or intermediate care facilities for individuals with intellectual disabilities may apply for HCBS; however, these individuals may not be residents of one of these facilities when the HCBS services are provided. <b>Applicable CQL Personal Outcome Measures®</b> People are connected to natural support networks People choose where and with whom they live People choose where they work People use their environments People live in integrated environments People interact with other members of the community People perform different social roles People participate in the life of the community People exercise rights <b>Applicable CQL Basic Assurances®</b> <b>Factor 2: Dignity and Respect, Indicator d:</b> Supports and services enhance dignity and respect. <u>Relevant Probes:</u> Are transportation and other supports provided so people can access community services similar to those used by the community at large?, Are people provided options for support settings that include generic settings?, Are supports provided in integrated settings? <b>Factor 2: Dignity and Respect, Indicator e:</b> People have meaningful work and activity choices <u>Relevant Probes:</u> Do personal preference assessments identify the kinds of work and recreational activities people want?, Do people receive the support needed to make choices about the kinds of work and activities they prefer?, Are services and supports focused on assisting people to achieve their goals and desires?, Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image?, Are people supported to generate income to be used for needs and wants not covered by public assistance?, Are people actively supported to seek employment and work in competitive and integrated settings?, Are people actively supported to engage in community life?</p>	<p>The DDD is in the process of implementing new waiver service definitions around Community Life Engagement, Supported Employment, and Pre-vocational services. The new service definitions are designed to place time limits on pre-vocational services and facilitate integrated community supports. The DDD will implement new service definitions with the next CHOICES waiver renewal in March 2018.</p> <p>The DDD revised ARSD, effective August 2, 2016: <u>46:11:08:01 Description of services.</u> (1)(q) Assisting individuals to access integrated community employment. <u>46:11:02:02. Certified agencies.</u> The provider requirements in this chapter apply to CSPs and SPs. A CSP or SP providing services under the provision of this chapter must meet the following criteria; (4) Be accredited by a national quality assurance organization, as designated by the division.</p>
--	---	--	---	--

**SOUTH DAKOTA IS MISLEADINGLY PUBLISHING FALSE “OFFICIAL” INFORMATION ABOUT ITS “CURRENT LEVEL OF PERFORMANCE” RELATIVE TO STATE COMPLIANCE WITH FEDERAL LAWS**



<p>42 CFR 441.301 (c)(4)(ii) Setting selected by the individual from setting options.</p>	<p><b>HCBS Rules</b>  <u>ARSD 46:11:02:02</u>  <u>ARSD 46:11:05:03</u>  <u>ISP</u>  <u>46:11:03:00</u>  <b>SD Medicaid Rules</b>  <u>ARSD §67:16:01:04</u>  <u>Choosing a Provider</u>  <b>Provider Contractual Agreement</b>  Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership</p>	<p>Fully Compliant</p> <p><b>NO</b></p>	<p><b>GUIDANCE IN SUPPORT OF THE FEDERAL REGULATION:</b>  <b>46:11:05:03. ISP.</b> The ISP shall include documentation of the following: (12) A statement informing the participant, the participant's parent if the participant is under 18 years of age, or the participant's guardian or advocate, if any, of the services available from the CHOICES waiver and a list of all available providers and the right to appeal to the division if choice of services or provider is denied;  <b>46:11:03:00. Participant's Rights.</b> A participant has rights guaranteed under the constitution and laws of the United State and the state including (7) to be able to refuse or discontinue services; (10) To be provided choice among waiver services and providers;  <b>67:16:01:04. Choosing a provider.</b> An eligible individual is free to choose a provider from among those willing to participate under the medical assistance program. If the eligible individual is required to participate in the primary care case management program, the individual must choose a provider according to § 67:16:39:06.  <b>Applicable CQL Personal Outcome Measures®</b>  People choose where and with whom they live  <u>People choose services</u>  People choose where they work  <b>Applicable CQL Basic Assurances®</b>  <b>Factor 2: Dignity and Respect, Indicator d:</b> Supports and services enhance dignity and respect. Relevant Probes: Are transportation and other supports provided so people can access community services similar to those used by the community at large?; Are people provided options for support settings that include generic settings?; Are supports provided in integrated settings?  <b>Factor 2: Dignity and Respect, Indicator e:</b> People have meaningful work and activity choices. Relevant Probes: Do people receive the support needed to make choices about the kinds of work and activities they prefer?  <b>Factor 2: Dignity and Respect, Indicator b:</b> The organization respects people's concerns and responds accordingly. Relevant Probes: Does the organization use information about satisfaction to improve services and supports?  <b>Factor 6: Safety, Indicator a:</b> The organization provides individualized safety supports. Relevant Probes: Are people's abilities to be safe in their environments assessed?  <b>Factor 2: Dignity and Respect, Indicator c:</b> People have privacy. Relevant Probes: Do people have an option to choose a private bedroom if receiving residential support?; Do people have a place and the opportunity to be by themselves during the day?  <b>Factor 8: Positive Services and Supports, Indicator a:</b> People's individual plans lead to person-centered and person-directed services and supports. Relevant Probes: Are setting options identified and documented in the person-centered plans?; Are they chosen by the person?; Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?; Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?</p>	<p>Not applicable</p> <p><b>Simply reiterating that the STATE is aware of my right does not mean the STATE is either honoring or obeying its DUTY to “affirmative performance” to me based upon my rights.</b></p> <p><b>I demonstrate my exercise of “right to choose” by asking for the right “<u>application</u>” and then <u>APPLYING</u> it. I have no control over the STATE’s deception over terminology or what I am handed to complete “<u>under penalty of perjury</u>” when <u>they</u> have no accountability.</b></p> <p><b><u>NOBODY</u> from the STATE replied to my <u>NOTICE</u> that <u>I am still left home alone without a “Security Alert” device.</u></b></p> <p>Continued,  <b>Factor 9: Continuity and Personal Security, Indicator b:</b> The organization implements sound fiscal practices. Relevant Probes: Does the organization have a budgeting and accounting system to determine costs associated with providing needed services and supports?</p>
---	---	---	--	---

**SOUTH DAKOTA IS MISLEADINGLY PUBLISHING FALSE “OFFICIAL” INFORMATION ABOUT ITS “CURRENT LEVEL OF PERFORMANCE” RELATIVE TO STATE COMPLIANCE WITH FEDERAL LAWS**

## COMMUNITY INTEGRATION

Several stakeholders commented on the challenges associated with transportation, especially in rural areas. Stakeholders noted that public transit is not always immediately available. Stakeholders noted transportation needs limit community involvement.

*South Dakota agrees that finding transportation to meet individuals' immediate needs can be challenging. South Dakota encourages providers to connect individuals with community organizations and emphasize natural supports to meet transportation needs. The Department of Social Services plans to perform further analysis in this area as stated in the transition plan.*

Several stakeholders commented on increasing the use of natural supports to engage individuals in the community. Commenters suggested using more community resources and volunteer opportunities to increase community involvement.

*South Dakota agrees and encourages providers to find ways to utilize natural supports to support community integration and involvement. South Dakota will provide education to Assisted Living and Community Support Providers on best practices and strategies for increasing the use of natural supports as stated in the transition plan. South Dakota also supports the use of existing community resources to support community integration.*

### Transportation

**I will testify about ABUSES by these DISCRIMINATORY women "under penalty of perjury".**

One commenter noted that transportation can often be a barrier to accessing the community and requested that the state work to ensure providers are planning and promoting community integration by providing, planning, or facilitating transportation opportunities.

*South Dakota will address transportation through action steps outlined in this plan.*

### ACTION STEPS

South Dakota identified access to community activities and events from the setting at any time and employment in an integrated setting as areas for improvement in this concept area. Access to transportation and need for supervision emerged as common barriers to individual's community access. Although providers indicated these barriers in the provider self-assessment, individual interviews showed that individuals do not experience barriers to accessing community activities and events. Further communication with providers revealed that some providers indicated limits existed any time that they were not able to be the sole source of transportation and supervision in the community, even though policy would allow recipients to leave on their own as they are able or with family or friends. South Dakota believes it would be unnecessarily burdensome to require providers to be the sole source of transportation and supervision in the community. South Dakota will work with providers to emphasize natural supports in the community. Additionally, South Dakota plans to collaborate with stakeholders, providers, and individuals to perform further analysis of community access. South Dakota plans to complete the analysis by January 31, 2019. We expect findings to drive additional action in this area, either through individual remediation or statewide action steps.

**All of the named STATE AGENTS and their PRINCIPALS have been put on clear NOTICE and are keenly aware that by DENYING me MEDICAID, they also make me – as a financial pauper just three years into having my legs and fingers surgically amputated and still being subject to "total and permanent" MOBILITY ISSUES – responsible for all costs related to public and private transportation; or else I am forced to remain at home WITHOUT "REASONABLE ACCOMMODATIONS" in "community integration".**

**In FACT, the STATE is also making me pay for my own HOME (electric) MOBILITY DEVICES (needed since I have no fingers to drive a regular wheelchair) simply because I call myself a "BENEFICIARY" rather than a "TAXPAYER" and declined to do so "UNDER [CRIMINAL] PENALTY OF PERJURY".**

**NO, THEY WILL NOT! Instead they will lie to the public with a fraudulent "official" paper trail stating in REPORTS TO THE FEDS that they are "fully compliant" with the SOCIAL SECURITY ACT (as "AMENDED") instead.**

**NO, THIS IS NOT BEING DONE IN MY CASE. Is this because I am being addressed by ALL WOMEN with GENDER BIAS, seen as a potential cause of a "sexually transmittable disease"? Or because they see me as a potential cause of "violence" against them and other women because I stand up against their government "FORMS" issued by COERCION? Or is it because these STATE "principles and agents" are being paid by the BIDEN ADMIN. to implement "Critical Race Theory" against me as a "privileged white male" and potential "oppressor"?**



# SOCIAL SECURITY ACT

[Chapter 531 of the 74th Congress, approved August 14, 1935, 49 Stat. 620.]

[As Amended Through P.L. 117-7, Enacted April 14, 2021]

(5) either provide for the establishment or designation of a single State agency to administer or to supervise the administration of the plan; or provide for the establishment or designation of a single State agency to administer or to supervise the administration of the plan, except that the determination of eligibility for medical assistance under the plan shall be made by the State or local agency administering the State plan approved under title I or XVI (insofar as it relates to the aged) if the State is eligible to participate in the State plan program established under title XVI, or by the agency or agencies administering the supplemental security income program established under title XVI or the State plan approved under part A of title IV if the State is not eligible to participate in the State plan program established under title XVI;

## APPROPRIATION

SEC. 1901. [42 U.S.C. 1396-1] For the purpose of enabling each State, as far as practicable under the conditions in such State, to furnish (1) medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and (2) rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care, there is hereby authorized to be appropriated for each fiscal year a sum sufficient to carry out the purposes of this title. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Secretary, State plans for medical assistance.

(10) provide—

(A) for making medical assistance available, including at least the care and services listed in paragraphs (1) through (5), (17), (21), (28), (29), and (30) of section 1905(a), to—

(i) all individuals—

(1) who are receiving aid or assistance under any plan of the State approved under title I, X, XIV, or XVI, or part A or part E of title IV (including individuals eligible under this title by reason

(2) A waiver shall not be granted under this subsection unless the State provides assurances satisfactory to the Secretary that—

(A) necessary safeguards (including adequate standards for provider participation) have been taken to protect the health and welfare of individuals provided services under the waiver and to assure financial accountability for funds expended with respect to such services;

(B) the State will provide, with respect to individuals who—

(ii) at the option of the State, to any group or groups of individuals described in section 1905(a) (or, in the case of individuals described in section 1905(a)(i), to any reasonable categories of such individuals) who are not individuals described in clause (i) of this subparagraph but—

(1) who meet the income and resources requirements of the appropriate State plan described in clause (i) or the supplemental security income program (as the case may be),

(5) CONTINUATION OF FEDERAL FINANCIAL PARTICIPATION FOR MEDICAL ASSISTANCE PROVIDED TO INDIVIDUALS AS OF EFFECTIVE DATE OF STATE PLAN AMENDMENT.—Notwithstanding paragraph (1)(B), Federal financial participation shall continue to be available for an individual who is receiving medical assistance in an institutionalized setting, or home and community-based services provided under a waiver under this section or section 1115 that is in effect as of the effective date of the State plan amendment submitted under this subsection, as a result of a determination that the individual requires the level of care provided in a hospital or a nursing facility or intermediate care facility for the mentally retarded, without regard to whether such individuals satisfy the more stringent eligibility criteria established under that paragraph, until such

(6) STATE OPTION TO PROVIDE HOME AND COMMUNITY-BASED SERVICES TO INDIVIDUALS ELIGIBLE FOR SERVICES UNDER WAIVER.—

(A) IN GENERAL.—A State that provides home and community-based services in accordance with this subsection to individuals who satisfy the needs-based criteria for the receipt of such services established under paragraph (1)(A) may, in addition to continuing to provide such services to such individuals, elect to provide home and community-based services in accordance with the requirements of this paragraph to individuals who are eligible for home and community-based services under a waiver approved for the State under subsection (c), (d), or (e) or under section 1115 to provide such services, but only for those individuals whose income does not exceed 300 percent of the supplemental security income benefit rate established by section 1611(b)(1).

(B) APPLICATION OF SAME REQUIREMENTS FOR INDIVIDUALS SATISFYING NEEDS-BASED CRITERIA.—Subject to subparagraph (C), a State shall provide home and community-based services to individuals under this paragraph in the same manner and subject to the same requirements as apply under the other paragraphs of this subsection to the provision of home and community-based services to indi-

I arrived in SOUTH DAKOTA from MICHIGAN with my MEDICAID benefits fully intact in covering MEDICAL EXPENSES. Yet, SOUTH DAKOTA "principles and agents" took away that "medical assistance" – being a gross violation to the "FULL FAITH AND CREDIT CLAUSE" of the U.S. CONSTITUTION as well as my Rights and the STATE's obligations under the SOCIAL SECURITY ACT.



## STATE PLANS FOR AID TO THE PERMANENTLY AND TOTALLY DISABLED

Sec. 1402. [42 U.S.C. 1352] (a) A State plan for aid to the permanently and totally disabled must (1) except to the extent permitted by the Secretary with respect to services, provide that it shall be in effect in all political subdivisions of the State, and, if administered by them, be mandatory upon them; (2) provide for financial participation by the State; (3) either provide for the establishment or designation of a single State agency to administer the plan, or provide for the establishment or designation of a single State agency to supervise the administration of the plan; (4) provide (A) for granting an opportunity for a fair hearing before the State agency to any individual whose claim for aid to the permanently and totally disabled is denied or is not acted upon with reasonable promptness, and (B) that if the State plan is administered in each of the political subdivisions of the State by a local agency and such local agency provides a hearing at which evidence may be presented prior to a hearing before the State agency, such local agency may put into effect immediately upon issuance its decision upon the matter considered at such hearing; (5) provide (A) such methods of administration (including methods relating to the establishment and maintenance of personnel standards on a merit basis, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods) as are found by the Secretary to be necessary for the proper and efficient operation of the plan<sup>[3]</sup>, and (B) for the training and effective use of paid subprofessional staff, with particular emphasis on the full-time or part-time employment of recipients and other persons of low income, as community service aides, in the administration of the plan and for the use of unpaid or partially paid volunteers in a social service volunteer program in providing services to applicants and recipients and in assisting any advisory committees established by the State agency; (6) provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from time to time require, and comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports; (7) provide that no aid will be furnished any individual under the plan with respect to any period with respect to which he is receiving old-age assistance under the State plan approved under section 2 of this Act, assistance under a State program funded under part A of title IV or aid to the blind under the State plan approved under section 1002 of this Act; (8) provide that the State agency shall, in determining need, take into consideration any other income and resources of an individual claiming aid to the permanently and totally disabled, as well as any expenses reasonably attributable to the earning of any such income; except that, in making such determination, (A) the State agency may disregard not more than \$7.50 of any income, (B) of the first \$80 per month of additional income which is earned the State agency may disregard not more than the first \$20 thereof plus one-half of the remainder, and (C) the State agency may, for a period not in excess of 36 months, disregard such additional amounts of other income and resources, in the case of an individual who has a plan for achieving self-support approved by the State agency, as may be necessary for the fulfillment of such plan, but only with respect to the part or parts of such period during substantially all of which he is actually undergoing vocational rehabilitation;<sup>[4]</sup> (9) provide safeguards which permit the use or disclosure of information concerning applicants or recipients only (A) to public officials who require such information in connection with their official duties or (B) to other persons for purposes directly connected with the administration of the State plan;<sup>[5]</sup> (10) provide that all individuals wishing to make

I have ardently “advocated” my CLAIM that I am “totally and permanently disabled” in every “APPLICATION” and at every in-person interview that I have had by interaction with the STATE OF SOUTH DAKOTA!

Yet, - while acting “AFFIRMATIVELY” in GROSS NEGLIGENCE and/or MALFEASANCE – ALL of the long list of STATE “principals and agents” addressed by this instant letter – who were otherwise “in charge” of or considering my “case” for TITLE FUNDING under the SOCIAL SECURITY ACT – have NEVER sought to discuss my CLAIM.

It is by their failures, not mine, that I have become unable to “manage my finances”; because the COERCED debt caused by the STATE to interpretively use “pre-taxed” SOCIAL SECURITY (i.e. money now “unearned” that was previously “TAXED” and withheld by paychecks decades ago) against me as TAXABLE income ... while also FORCING me into “debt-slavery” just because I am simply following “medically necessary” doctors’ orders, and advice, just three (3) years post-major trauma.

**NOTE:** The STATE OF SOUTH DAKOTA is grossly NONCOMPLIANT with not only their DERELICT TREATMENT of a “totally and permanently disabled” like me as described in many ways herein; the STATE is also disregarding the FACT that it should otherwise be using just ONE (1) “agency” rather than its THREE (3) of the DOH, DHS, and DSS for “administering the plan”.

(3) provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the plan is denied or is not acted upon with reasonable promptness;

How can I possibly find the “opportunity” to either know “how to” or to “timely” prepare for a “fair hearing” on a DENIAL OF “MEDICAID” when the STATE has four different names for “Medical Assistance” and fails to disclose that all mean “MEDICAID”?

SEC. 1405. [42 U.S.C. 1355] For the purposes of this title, the term "aid to the permanently and totally disabled" means money payments to needy individuals eighteen years of age or older who are permanently and totally disabled, but does not include any such payments to or care in behalf of any individual who is an inmate of a public institution (except as a patient in a medical institution) or any individual who is a patient in an institution for tuberculosis or mental diseases. Such term also includes payments which are not included within the meaning of such term under the preceding sentence, but which would be so included except that they are made on behalf of such a needy individual to another individual who (as determined in accordance with standards prescribed by the Secretary) is interested in or concerned with the welfare of such needy individual, but only with respect to a State whose State plan approved under section 1402 includes provision for—

(1) determination by the State agency that such needy individual has, by reason of his physical or mental condition, such inability to manage funds that making payments to him would be contrary to his welfare and, therefore, it is necessary to provide such aid through payments described in this sentence;

(2) making such payments only in cases in which such payments will, under the rules otherwise applicable under the State plan for determining need and the amount of aid to the permanently and totally disabled to be paid (and in conjunction with other income and resources), meet all the need<sup>[8]</sup> of the individuals with respect to whom such payments are made;

(3) undertaking and continuing special efforts to protect the welfare of such individual and to improve, to the extent possible, his capacity for self-care and to manage funds;

(4) periodic review by such State agency of the determination under paragraph (1) to ascertain whether conditions justifying such determination still exist, with provision for termination of such payments if they do not and for seeking judicial appointment of a guardian or other legal representative, as described in section 1111, if and when it appears that such action will best serve the interests of such needy individual; and

(5) opportunity for a fair hearing before the State agency on the determination referred to in paragraph (1) for any individual with respect to whom it is made.

At the option of a State (if its plan approved under this title so provides), such term (i) need not include money payments to an individual who has been absent from such State for a period in excess of ninety consecutive days (regardless of whether he has maintained his residence in such State during such period) until he has been present in such State for thirty consecutive days in the case of such an individual who has maintained his residence in such State during such period or ninety consecutive days in the case of any other such individual, and (ii) may include rent payments made directly to a public housing agency on behalf of a recipient or a group or groups of recipients of aid under such plan.

<sup>[8]</sup> As in original. Should be "needs".

**NOTE: In the face of my having notified all of the STATE AGENTS shown below by copying them with my 5/1/21 letter to the INTERIM HEALTHCARE "Northern Hills Manager" Kadie Pawich, absolutely NONE of these (either "severely inexperienced" or "gender biased") women responded back to me. Neither did they even seek to inform me of their administrative DUTIES TO PERFORMANCE under their sworn OATHS to uphold the laws of the UNITED STATES, including the SOCIAL SECURITY ACT. This is "PERJURY OF OATH (AND DUTIES)".**

**Interim HEALTHCARE. FINANCIAL RESPONSIBILITY**

TO: Patient/Client Name: David Schied, David Patient/Client ID #: MH7-2951

The terms "I," "we" and "me," etc. referenced in this document refer to the patient/client and his/her representatives and guarantors.

**Responsibility for Payment and Signatures**

In connection with service provided by Interim HealthCare, I hereby give my consent to Interim HealthCare to obtain the public record from any consumer reporting agency. This information may be obtained prior to, during, or after the provision of services and will be used to determine my ability to pay for services provided. I understand that I am not applying for credit nor will Interim HealthCare deny me the opportunity to purchase services as a result.

*\$250 unit cost to replace 14  
\$50 button lost or not returned*

As far as I can see, I am the BENEFICIARY of all of this, not the GUARANTOR or the TRUSTEE of this CORPORATE Contract or Trust agreement. I otherwise cannot see how anyone might be placing anyone who is an indigent, elderly, and a quad-amputee into a position of financial liability on purpose as you and your company seem to have done other than by some form of unauthorized abuse. I hope I am wrong, but I'm afraid the "burden of proof" is in your "court", not mine.

Cordially yours,

/s/ David Schied without prejudice (all rights reserved)

Co

Sharon Maher – Benefits Specialist  
DEPARTMENT OF SOCIAL SERVICES – Belle Fourche  
609 5<sup>th</sup> Avenue  
Belle Fourche, SD 57717-1405  
[Sharon.Maher@state.sd.us](mailto:Sharon.Maher@state.sd.us)

Kim Terrill – Economics Assistance Supervisor  
DEPARTMENT OF SOCIAL SERVICES – Belle Fourche  
[Kim.Terrill@state.sd.us](mailto:Kim.Terrill@state.sd.us)

Nancy Giovanetti – LTC Benefits Specialist  
DIVISION OF ECONOMIC ASSISTANCE  
SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES  
912 E. Sioux Ave.  
Pierre, SD 57501-3490  
[Nancy.Giovanetti@state.sd.us](mailto:Nancy.Giovanetti@state.sd.us)

Val Clauser – ADLS Living Coordinator  
DIVISION OF REHABILITATION SERVICES  
DEPARTMENT OF HUMAN SERVICES  
1300 North Ave.  
Spearfish, SD 57783  
[val.clauser@state.sd.us](mailto:val.clauser@state.sd.us)

Jennifer Lewis – Program Specialist II  
DIVISION OF REHABILITATION SERVICES  
DEPARTMENT OF HUMAN SERVICES  
3800 E. Highway 34 – Hillsview Plaza  
c/o 500 E. Capitol  
Pierre, SD 57501-5070  
[jennifer.lewis@state.sd.us](mailto:jennifer.lewis@state.sd.us)

Linda Williams – Independent Living Specialist  
WESTERN RESOURCES FOR INDEPENDENT LIVING  
430 Oriole Dr., Ste. C  
Spearfish, SD 57783  
[linda@wril.org](mailto:linda@wril.org)



**TITLE XIV—GRANTS TO STATES FOR AID TO THE PERMANENTLY AND TOTALLY DISABLED<sup>[1]</sup>**

**TABLE OF CONTENTS OF TITLE<sup>[2]</sup>**

Sec. 1401. Appropriation

Sec. 1402. State plans for aid to the permanently and totally disabled

Sec. 1403. Payment to States

Sec. 1404. Operation of State plans

Sec. 1405. Definition

**TITLE XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS<sup>[1][2]</sup>**

**TABLE OF CONTENTS OF TITLE<sup>[3]</sup>**

Sec. 1900. Medicaid and CHIP Payment and Access Commission

Sec. 1901. Appropriation

Sec. 1902. State plans for medical assistance

Sec. 1903. Payment to States

Sec. 1904. Operation of State plans

Sec. 1905. Definitions

**Besides TITLE XIV and TITLE XIX, there were a plethora of other avenues that the aforementioned STATE AGENTS AND THEIR PRINCIPALS had available to them; but instead **CHOSE “affirmatively” to REPEATEDLY DENY me “ACCESS” to these many alternative ways to properly manage “disability support” and “medical assistance” FUNDING to meet the goals and objectives of the recently “amended” SOCIAL SECURITY ACT.****

**DEMONSTRATION PROJECTS**

SEC. 1115<sup>[40]</sup>. [42 U.S.C. 1315] (a) In the case of any experimental, pilot, or demonstration project which, in the judgment of the Secretary, is likely to assist in promoting the objectives of title I, X, XIV, XVI, or XIX, or part A or D of title IV, in a State or States—

(1) the Secretary may waive compliance with any of the requirements of section 2, 402, 454, 1002, 1402, 1602, or 1902, as the case may be, to the extent and for the period he finds necessary to enable such State or States to carry out such project, and

(2)(A) costs of such project which would not otherwise be included as expenditures under section 3, 455, 1003, 1403, 1603, or 1903, as the case may be, and which are not included as part of the costs of projects under section 1110, shall, to the extent and for the period prescribed by the Secretary, be regarded as expenditures under the State plan or plans approved under such title, or for administration of such State plan or plans, as may be appropriate, and

(B) costs of such project which would not otherwise be a permissible use of funds under part A of title IV and which are not included as part of the costs of projects under section 1110, shall to the extent and for the period prescribed by the Secretary, be regarded as a permissible use of funds under such part.

In addition, not to exceed \$4,000,000 of the aggregate amount appropriated for payments to States under such titles for any fiscal year beginning after June 30, 1967, shall be available, under such terms and conditions as the Secretary may establish, for payments to States to cover so much of the cost of such projects as is not covered by payments under such titles and is not included as part of the cost of projects for purposes of section 1110.

(b) In the case of any experimental, pilot, or demonstration project undertaken under subsection (a) to assist in promoting the objectives of part D of title IV, the project—

(1)(A) must be designed to improve the financial well-being of children or otherwise improve the operation of the child support program;

(B) may not permit modifications in the child support program which would have the effect of disadvantaging children in need of support; and

(C) must not result in increased cost to the Federal Government under part A of such title.

(2) An Indian tribe or tribal organization operating a program under section 455(f) shall be considered a State for purposes of authority to conduct an experimental, pilot, or demonstration project under subsection (a) to assist in promoting the objectives of part D of title IV and receiving payments under the second sentence of that subsection. The Secretary may waive compliance with any requirements of section 455(f) or regulations promulgated under that section to the extent and for the period the Secretary finds necessary for an Indian tribe or tribal organization to carry out such project. Costs of the project which would not otherwise be included as expenditures of a program operating under section 455(f) and which are not included as part of the costs of projects under section 1110, shall, to the extent and for the period prescribed by the Secretary, be regarded as expenditures under a tribal plan or plans approved under such section, or for the administration of such tribal plan or plans, as may be



I searched all of the SOCIAL SECURITY ACT and the SOUTH DAKOTA LEGISLATURE and found no such “*needed level of care*” criteria for “MEDICAID ELIGIBILITY” as that being used against me authorizing MEDICAID DENIAL(s) altogether because, on one particular day, the STATE agent (Laura Nord/Charter) chose to interpret what she saw (without actually ever watching me take a bath) as being that a “*totally and permanent disabled quad-amputee*” could adequately demonstrate “*success*” in “*self-care*” by “*bathing oneself*”; as had otherwise been asserted TWICE since then by two differing STATE DEPARTMENTS and STATE GOVERNOR’s “SECRETARIES” Kim Malsam-Rysdon’s “Agent” Nancy Giovanetti on 5/11/21 and by Shawnie Rechtenbaugh’s agent “Patty” on 5/21/21.

[Again, even “Patty” stated, herself on the RECORDED phone call with me, that she could not understand why I was not properly placed on the “MEDICAID WAIVER PROGRAM”. “Patty” then clarified that Laura Nord/Charter’s “*scope of decision-making was very limited*” to ONLY the LONG TERM SERVICES AND SUPPORTS (“LTSS”) DIVISION of the MEDICAID smorgasbord that the STATE has chopped up and handed off to three (3) separate DEPARTMENTS, none of which knows or cares what the others are doing.

“Patty” was able to identify that – due to proper notetaking by someone named “Tammy” when I first began my self-initiated “*search for disability supports*” in SOUTH DAKOTA – that I had spoken about my needs for TRANSPORTATION to doctors and other medical professionals and service providers, as well as my need to go food shopping and to other “*community activities*”. “Patty” however, noticing that neither Laura Nord/Charter nor anyone else had “put in an order” for a STATE AGENT to address these matters with me, simply concluded that it must have been a gross oversight (and talking with a nervous laugh during this conversation); and yet she too neglected to do anything about that discovery except that to suggest that I go out on my own and “call around” (without fingers) myself in search for companies handing out VERY LIMITED NUMBERS of “free bus passes”.

THE SOUTH DAKOTA LEGISLATURE – EVEN AS IT HAS DEMONSTRATED SEVERE “PREJUDICIAL BIAS” AGAINST TOTALLY AND PERMANENTLY DISABLED “QUAD-AMPUITES” AND “PREFERENTIAL FAVOR” TOWARD TOTALLY AND PERMANENTLY DISABLED “QUADRIPLLEGICS” – AGREES THAT I SHOULD BE ELIGIBLE FOR “MEDICAL SERVICES” ASSISTANCE

### **28-1-1. Duties of department--System of social security--Compliance with federal acts--Administration of programs.**

The Department of Social Services shall provide a system of social security for the people of South Dakota, enable the State of South Dakota to comply with the provisions of the federal Social Security Act and other federal and state enactments relating to social services, accept grants of federal funds for the purposes enumerated in these acts, administer programs for the security and protection of children, youth, families, adults, and the elderly, as authorized by the Legislature, and provide moneys necessary for the purposes of social security.

Source: SDC 1939, § 55.3601; SL 1981, ch 199, § 25.

### **28-6-1. Provision of medical services and remedial care authorized--Rules.**

The Department of Social Services may provide medical services and medical or remedial care on behalf of persons having insufficient income and resources to meet the necessary cost thereof, if the person has exhausted all other possible public and private medical and remedial care programs, income, or benefits, with the exception of county poor relief, in accordance with rules which the secretary of social services shall promulgate pursuant to chapter 1-26. The rules shall specify the individuals and services for which state funds or federal financial participation are available and may include:

- (1) The amount, scope, and duration of medical and remedial services;
- (2) The basis for and extent of provider payments on behalf of an eligible person;
- (3) The establishment and collection of copayments, premiums, fees, or charges for sharing the cost of risk protection or services provided to persons. All such collections shall be remitted to the general fund;
- (4) Methods of administration found necessary for the operation of the medical assistance program;
- (5) Safeguards against the disclosure or improper use of information, required by statutory law to be held confidential, concerning applicants for or recipients of medical assistance; and
- (6) Such other requirements as may be necessary to obtain federal financial participation in the medical assistance program.

**Source:** SL 1966, ch 191, § 1; SL 1981, ch 199, § 31; SL 1982, ch 203, § 1; SL 1987, ch 29, § 10; SL 2000, ch 132, § 10; SL 2004, ch 167, § 51; SL 2019, ch 127, § 9.

### **28-8-26. Services for which fees prohibited--Low-income families.**

Notwithstanding subdivision 28-8-25(6), no service fee may be imposed for any of the following services:

- (1) Information or informational and referral services;
- (2) Any services directed at the goal of preventing or remedying neglect, abuse, or exploitation of minor children or adults unable to protect their own interest;
- (3) Any services provided to or on behalf of any eligible person defined by the department pursuant to Title XX of the Social Security Act; or
- (4) Any services provided to or on behalf of a member of a family, the monthly gross income of which is less than an amount specified by the department, adjusted to take into account the size of the family, as may be required by the federal government.

**Source:** SL 1975, ch 188, § 3 (6); SL 2004, ch 167, § 61.



## **CHAPTER 28-8**

# **TITLE XX SOCIAL SERVICES PROGRAM**

## What is Title XX?

Title XX of the Social Security Act, also referred to as the Social Services Block Grant (SSBG), is a capped entitlement program. States are entitled to their share, according to a formula, of a nationwide funding ceiling or "cap," which is specified in statute. Block grant funds are given to States to help them achieve a wide range of social policy goals, which include preventing child abuse, increasing the availability of child care, and providing community-based care for the elderly and disabled. Funds are allocated to the States on the basis of population. The Federal funds are available to States without a State matching requirement.

Sec. 2001. [42 U.S.C. 1397] For the purposes of consolidating Federal assistance to States for social services into a single grant, increasing State flexibility in using social service grants, and encouraging each State, as far as practicable under the conditions in that State, to furnish services directed at the goals of-

- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

States are given wide discretion to determine the services to be provided and the groups that may be eligible for services, usually low income families and individuals. In addition to supporting social services, the law allows States to use their allotment for staff training, administration, planning, evaluation, and purchasing technical assistance in developing, implementing, or administering the State social service program. States decide what amount of the Federal allotment to spend on services, training, and administration.

**SOUTH DAKOTA legislators like Scott Odenbach and Mary Fitzgerald must think they really have it difficult with all of this "copy and paste" stuff. Even after that job is "done" THEY STILL WON'T EVEN ANSWER ME.**

### 28-8-23. Purposes of chapter.

The purposes of this chapter are to qualify for federal funds under the provisions of Title XX of the Social Security Act; to administer said federal funds as well as other funds available to the Department of Social Services; and to direct all such public services of the department toward the goals of:

- (1) Achieving or maintaining self-support to prevent, reduce, or eliminate dependency;
- (2) Achieving or maintaining self-sufficiency, including reduction of dependency;
- (3) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- (4) Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or
- (5) Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

Source: SL 1975, ch 188, § 1; SL 1980, ch 201, § 1.



**THESE UNEDUCATED, ILL-TRAINED, AND/OR GENDER-BIASED WOMEN OPERATING ADMINISTRATIVELY AS THE “STATE OF SOUTH DAKOTA” AT THE “DOH”, THE “DHS”, AND THE “DSS”, ARE ABUSING ME AS IF I WERE A FULLY FUNCTIONAL “TAXPAYING MALE SLAVE” OF “THEIR GOVERNANCE”, RATHER THAN AS THE “BENEFICIARY” OF “MY” GOVERNMENT’S OWN FIDUCIARY POSITION AS “SERVANTS” OF THE “SOVEREIGN PEOPLE”**

Since INTERIM HEALTHCARE’s Kadie Pawich took away the “*Emergency Alert System*” – even after I signed her abusive and unrelated “*Financial Responsibility*” CONTRACT – and because none of the many “*women of the STATE*” that I complained to even bothered to contact me in any way in response to either my letter or my being FORCED to return to being home alone without legs, without fingers, without MEDICAID, without transportation, without a properly functioning “*home mobility device*”, and without an “*emergency monitoring system*” – I have found myself this past nearly two months compelled to “*sign*” all “*service agreements*” placed before me, under the IMPLIED THREAT OF BEING REFUSED ALTOGETHER THE SERVICES that I NEEDED and wished for, and ASKED to receive as a “*totally and permanently disabled quad-amputee*”.

These are otherwise the services that – like with the INTERIM HEALTHCARE “*Emergency Alert System*” – I had been otherwise orally told were being “*authorized*” by the STATE, and paid for by the STATE; but COERCED instead into CONTRACTS between the STATE’s already CONTRACTED – being also *insured* and *bonded* – corporate “*SERVICE PROVIDERS*” and myself, instead of signing CONTRACTS (as I had otherwise signed “*Applications*”) between the STATE and myself. **Why is that?**

Increasingly, this HEALTHCARE SYSTEM is looking more to me like the SOCIALIST / MARXIST SYSTEM long ago set up in the “*urban war zone*” surrounding the DETROIT METROPOLITAN AREA, which fosters an abusive and *illegitimate* system of mutual-reward between the government and medical community whereby denial of rights and disability needs (as determined by doctors) gives the appearance of a “*government racketeering*” system of commerce using me as a disabled person as the medium. This is, thus, turning into the system described by “*Federal whistleblower*” Everett Stern, in describing the CRIMINAL FRAUD taking place in the STATE OF MICHIGAN fully ten (10) years before I became embedded in the corruption of that system. (See below)



**Tactical Rabbit Inc.**

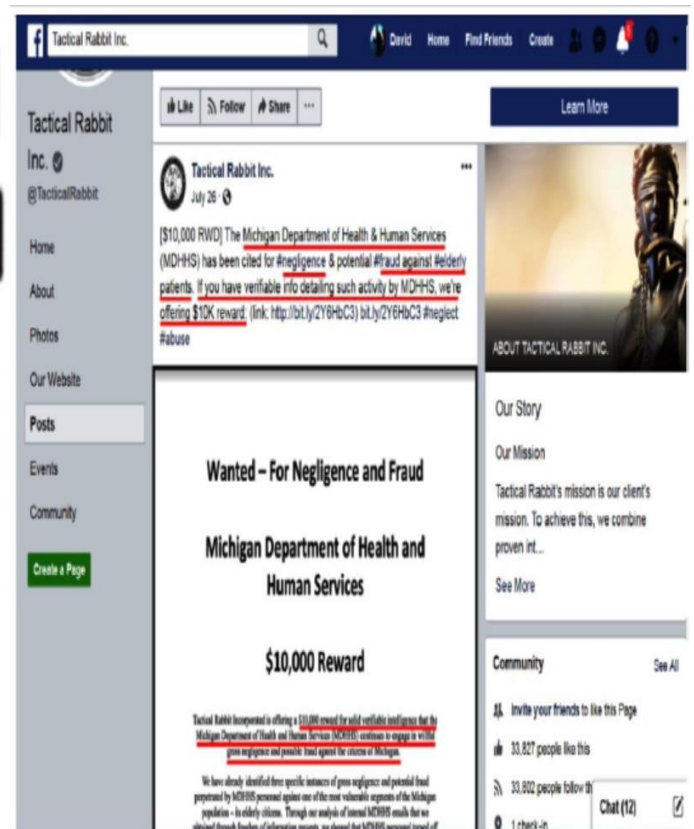
July 26 - 🌐 **(2018-2019)**

[\$10,000 RWD] The Michigan Department of Health & Human Services (MDHHS) has been cited for #negligence & potential #fraud against #elderly patients. If you have verifiable info detailing such activity by MDHHS, we're offering \$10K reward: (link: <http://bit.ly/2Y6HbC3>) bit.ly/2Y6HbC3 #neglect #abuse

**Tactical Rabbit Incorporated is offering a \$10,000 reward for solid verifiable intelligence that the Michigan Department of Health and Human Services (MDHHS) continues to engage in willful gross negligence and possible fraud against the citizens of Michigan.**

**We have already identified three specific instances of gross negligence and potential fraud perpetrated by MDHHS personnel against one of the most vulnerable segments of the Michigan population – its elderly citizens. Through our analysis of internal MDHHS emails that we obtained through freedom of information requests, we showed that MDHHS personnel turned off**

# Wanted – For Negligence and Fraud Michigan Department of Health and Human Services \$10,000 Reward



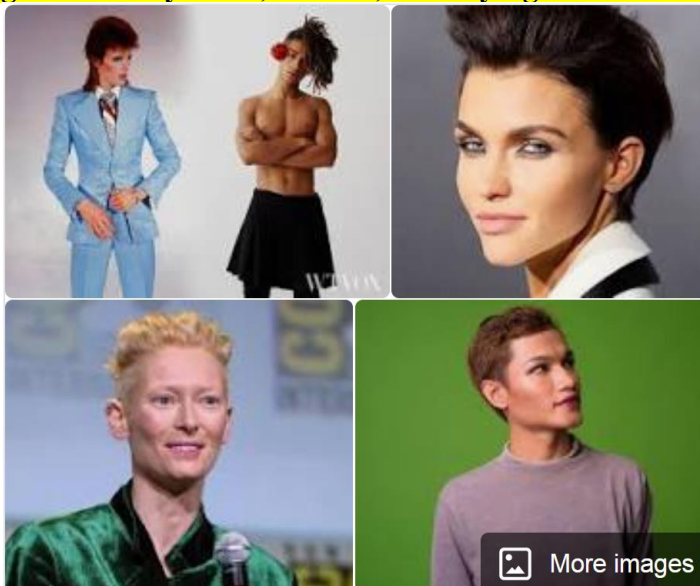
Everett Stern, principal at TACTICAL RABBIT, personally reported in an *“Open Letter to the Governor”* (December 2018) Gretchen Whitmer that the MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES TRUSTEES – headed first by FLINT WATER CRISIS notoriety and still CRIMINALLY INDICTED and on-trial now *“MDHHS DIRECTOR” Nick Lyon* and then taken over by former OBAMA ADMINISTRATION federal appointee and STATE BAR OF MICHIGAN CRIME SYNDICATE member **Robert Gordon** (appointed by MICHIGAN Gov. Whitmer) in 2018 through 2021 when he was asked to resign – was engaged in a past decade of systemic FRAUD by the STATE OF MICHIGAN, causing incalculable damages against the populations of sovereign People consisting of the poor, the elderly, and the disabled, including me. [The details are beyond the scope of this paper, however, with regard to the specific ways MICHIGAN’s *“HEALTHCARE SYSTEM”* sets a solid American precedence for *“the SOCIALIST / MARXIST SYSTEM long ago set up in the ‘urban war zone’ surrounding the DETROIT METROPOLITAN AREA, which fosters an abusive and illegitimate system of mutual-reward between the government and medical community whereby denial of rights and disability needs (as determined by doctors) gives the appearance of a ‘government racketeering’ system of commerce using (the elderly, the poor, and the disabled like) me as the medium.”*]

Essentially, it is clear to me that – due to no fault of mine of accidentally losing my two (2) legs and seven (7) of my eight (8) fingers, as well as the performance levels of my one (1) remaining kidney and my two (2) eyes to the DEADLY SEPSIS DISEASE – I am being treated UNEQUALLY to other people with nowhere near these catastrophic and debilitating physical losses, who are, and have long been, on MEDICAID and/or are receiving SOCIAL SECURITY and other forms of *“MEDICAL ASSISTANCE”* because many of them choose to show NO IMPROVEMENT and choose NOT to challenge their longstanding comfort level of being supported by the government that is promoting and rewarding (even proactively “COERCING”) their unproductive lifestyles (i.e., contrary to the written laws for the distribution of federal funding) as these *“patients”* and *“clients”* and *“customers”* passively watch *“lamestream”* television day-in and day-out. Many always did BEFORE they fell ill; and they always will! As for me, I have not had a television in my home for well over two decades.

**It is clear** – given that I knew Laura Nord/Charter did not intend to watch me “*bathe myself*” so that I could show her my struggles toward the “*statutory goal*” (for the government) and “*personal goal*” for me, of “*self-care*” – **that I needed only to do like most all other lazy American people, and tell Laura Nord that “I can’t” shower or bathe in a bathtub SAFELY and CONSISTENTLY by myself, and “Whoala!” I would have had someone to do what my ex-wife had been doing for me at my home in the STATE OF MICHIGAN all the way up until February 2021 when I (and her) was CRIMINALLY VICTIMIZED and forced from the safety of my home by an ILLEGAL EVICTION in the middle of Michigan’s winter, just after a deep snow left by a blizzard, during a COVID PANDEMIC with gubernatorial “lockdowns” and directives for “self-quarantining”, and in the middle of both STATE and FEDERAL “EVICTION MORATORIUMS”.**

**Had I NOT been truthful and shown my enthusiasm for having made it THIS FAR in just the short span of just three (3) years after having my life saved only by the sacrifice of “choosing” to have my body parts amputated instead, then I might have been otherwise rewarded by the SOUTH DAKOTA “Socialist/Marxist” SOCIAL SERVICES system with “full benefits” of MEDICAID and “Medical Assistance”, and the “HOPE WAIVER”, and/or perhaps the “ADLS WAIVER”, and TRANSPORTATION, as well as more!**

But instead, like I did in the case of my “*home mobility device*” needing simple batteries to keep me going at a mere cost of \$250 as requested – instead of needing expensive doctor and physical therapist evaluations and a whole NEW electric wheelchair as now ORDERED at a cost of a few thousand dollars as promoted by DSS Laurie Gill’s Agent Laura Nord/Charter – **I was just trying to save the STATE OF SOUTH DAKOTA from hiring someone to take the place of my ex-wife, who may be “progressively” classified by the latest “federal government” as “androgynous”; being a “person” – neither male nor female, or both – coming into my home (possibly as a “UNION” member) with their own full package of “civil rights” ready to be used against me in my own home in such event that I feel uncomfortable as a self-identified “white male”. (It was the intent of my ex-wife to return to SOUTH DAKOTA as soon as possible after she takes care of her own physical issues since being terminated from her employment in MICHIGAN because of the “COVID” pandemic (FUNDED PARTIALLY AS INTERNATIONAL “BIOTERRORISM” BY THE “NIH” who has long been also funding Leslie Lowe’s SEXUAL VIOLENCE PREVENTION AND EDUCATION targeted against mostly those, like me, identifying themselves as “males”).**





What all this demonstrates is that the STATE OF SOUTH DAKOTA's three (3) SECRETARIES – of the DOH, of the DHS, and of the DSS – are all pandering to the “*FEDERAL*” MARXISTS in WASHINGTON, D.C. who are handing out (FAKE) “*funding*” to entice STATE “*government*” even more to “*take care of*” those Americans, not only who need it most, like me; but those who need it least, as a matter of their own “*professional discretion*” as some kind of unauthorized “*platonic guardian*”.

This is a *discretion* that is predicated upon government ABUSES by rewarding those who don't try to improve (at least too hard or too fast) rather than upon rewarding ALL PEOPLE EQUALLY, to include those Americans like me who try hard and work hard for a higher standard of “self-care” living, rather than the “base-level” standard the government can rest on for “funding” its long listing of greedy CORPORATIONS as “medical service providers”; as well as funding the laziest (and “fakiest”) of people in the American population... all while intentionally perpetuating a larger GOVERNMENT WORKFORCE. What I have described herein is little different than what the government has doing when paying Americans (at “*TAXPAYER*” expense) NOT to work during the man-made “*COVID CRISIS*” and leaving private employers unable to stay in business due to the lack of unskilled and unwilling laborers.

This is indicative of SOUTH DAKOTA's participation in the funding of “*progressivists*”  
**WAR ON (Personal Choices and) MERIT!**

RealClear Education

NOW READING: THE WAR ON MERIT



## The War on Merit

By Asra Q. Nomani

March 24, 2021

New York City's gifted and talented students are in the crosshairs of woke activists who seek to impose “racial justice” in the city's school system, not by improving education but by destroying opportunities for the city's most advanced learners. And we can't let them win.

EPOCH TV

DARK

SEARCH

SAVED



AMERICAN THOUGHT LEADERS

JAN KIKELER

## Exclusive: Victor Davis Hanson on the Assault on Meritocracy, Politicization of the Virus, and the 'Platonic Noble Lie'

There will be “no safe space, no sanctuary from wokeism until the system starts to erode the safety and the security of the elite that created it,” says classicist and historian [Victor Davis Hanson](#).

In this episode, Hanson breaks down the problems he sees plaguing American society today, from the assault on meritocracy to the “Frankenstein monster” of moral relativism.

Throughout society today, elites justify their control of or manipulation of information as for the good of the people, Hanson says. It's the “noble lie”: “I'm smarter than you. I'm your platonic guardian. I can lie for your own good...Just don't dare suggest I'm lying,” Hanson says.

**Perhaps the following will help to clarify what I am talking about:**

Why is obesity considered a disability?



Although not arising under the ADA, the EEOC filed a brief in the case, arguing that morbid obesity clearly falls outside the “normal range” of weight, and that if the obesity substantially limits a major life activity, it should be considered a disability under the ADA, regardless of whether there is an underlying ... Apr 11, 2019

# Can I Get Disability Benefits For Obesity?

December 11, 2019

By Kalfus & Nachman PC

The Social Security Administration (SSA) lists obesity as a complex and chronic condition due to excessive body fat. If your body mass index (BMI) is 30 or more, you are considered obese. Morbid obesity is defined as anyone with a BMI over 40.

If you are obese or morbidly obese, that alone won't qualify you for disability benefits. You must show your obesity leads to conditions in the SSA's special set of rules or that because of your obesity, you're unable to work.

Social Security's rule recognize many conditions are affected by obesity, like:

- Heart disease
- Diabetes
- Sleep apnea
- Arthritis

**The fact is that ever since the idiotic U.S. SUPREME COURT ruling in the "CITIZENS UNITED v. FEDERAL ELECTION COMMISSION" ("FEC")" declaring that government licensed CORPORATIONS will have "equality" with the sovereign American People, the government "courts" have been treating individuals who advocate for themselves with disdain.**

Basically, the SSA will look at your obesity to see if, if your situation leaves you unable to work. If so, you should be eligible for disability benefits.

**The corporate attorneys of the "BAR" have too much power in all three BRANCHES.**

Winning Disability Benefits For Obesity Is Complex

Because the SSA removed obesity from its special rules in 1999, winning a case for obesity is no longer as straightforward as it once was. If obesity plays an important role in why you are no longer able to work, you should consider getting help from a disability attorney.

According to the "*legal interpretation*" of the attorneys at the law firm above, the "*criteria for EXCLUSION*" from SSA financial "*benefits*" is not whether the subject can "*bathe oneself*" as was used against me; but instead, whether the "*condition... leaves you unable to work*" as had undoubtedly happened in "*my case*", which continues today to **REMAIN THE CASE WITH ME.**

**I should need only advocate this for myself, rather than need to hire an "attorney".**

Yet with many Americans, this is not a "*chicken or egg*" on "*Which came first?*" It is clear that debilitating heart disease, diabetes, sleep apnea, and arthritis are the RESULT of a high percentage of the "*normal*", sovereign, free-thinking American People simply making their own BAD CHOICES in "*eating*" habits, so to become "*obese*" in spite of all of the research and warnings. This is quite the same as that for decades prior these same "*normal*" American people ignored the warnings in the media and on the outside of cigarette cartons about "*smoking*", resulting in debilitating diseases of the lungs, like cancer, emphysema, and the like.



People enjoy themselves on the beach in Hollywood, Fla., on June 7, 2001. (Joe Raedle/Getty Images)

## Obesity, Responsibility, and Freedom



Theodore  
Dalrymple

**July 27, 2021 Updated: July 28, 2021**

*Commentary*

There is another pandemic that, in the long run, may be more harmful to the health of humanity than that of COVID-19. It will ultimately cause the loss of many more years of human life, if it does not already do so.

Whether *pandemic* is quite the right word for it might be disputed. I am referring to the vast increase in obesity in most parts of the world in recent decades. The word *pandemic* suggests illness, but is obesity in itself an illness? That it causes illness, no one will dispute: but many things cause illnesses without being themselves illnesses.

Increasingly, however, medical journals write of obesity, as they do of addiction, as if it were in the same category as, say, multiple sclerosis or Parkinson's disease, that is to say an unfortunate mischance. There is now, after all, surgery for obesity which works; drug companies research drugs to reduce obesity from which, if found, they will make fat profits, if I may be allowed a slight pun.

On the other hand, most people think, with varying degrees of reticence to express their thoughts in public, that obesity is the consequence of weakness of will. Greed is not illness but a sin, or at least a moral failure. We are fat because we give into temptation, that which Oscar Wilde said was the only thing that he could not resist.

The British government is thinking of paying people, bribing them in effect, to buy and eat healthier, less fattening foods. It will reward them financially for their weight loss or for the choices they make in supermarkets. This, of course, flies in the face of the illness concept of obesity: not even a British government would think of paying patients with hypothyroidism to produce more thyroid hormone from their own glands.



There is no doubt that obesity is a problem in Britain, where it is more prevalent than in most countries. This clearly results from the eating habits of the population, now inculcated early in childhood. Not long ago, for example, I witness in a baker's shop in my small town a fat and slatternly mother force a cake on her three-year-old child, who was slightly overweight but not yet fat.

The child had not asked for a cake, nor did he want it when presented with it, but the mother insisted that he eat it as if it were his duty to do so, as once children were told to eat up their greens. She was like an evangelist for obesity, and it is amusing to note how often fat people have fat dogs. Botero, the Colombian painter, was not just an artist, but a prophet.

The proposal to pay people according to their behavior (made possible by information technology) is a sinister extension of state power, but there is no denying that it has a certain logic.

Where people surrender their right to choose how to meet their medical needs, and hand over responsibility to the state (or for that matter, any third-party payer), it is hardly surprising that they will before long surrender their right to choose how they behave.

If someone else pays for the consequences of your actions, it is only natural that, one day, he will demand to control your actions. After all, freedom without responsibility creates an unjust burden on others.

Why should I pay, either through taxation or insurance premiums, for the consequences of the choices of others, when the proposal to bribe them into better choices is a recognition that their choices are under conscious control? (Such bribery has been tried in the cases of alcoholism and addiction to heroin, and work to an extent.)

It is easy to see what the justification for such bribery would be. If it works, it may produce savings to the state greater than its cost. (I leave aside the health benefits to the successfully bribed.)



**IMPORTANTLY, just three years ago, I was still in a nursing home;** and up until I moved to SOUTH DAKOTA, I was sharing a home that I had rented since 2012 with my learning disabled ex-wife for the previous twenty-one (21) years – each of us paying rent each month as our own “head” of own “household” – with the STATE OF MICHIGAN paying for her “chore services” to me around the home. Those “medical necessities” for remaining “independent” in the home: included cooking, personal care (assisting briefly in showering and prosthetic legs cleaning), household chores, laundry, and other menial tasks which included helping me to get lids and bottle caps off, opening boxes of store-bought items, and picking up after my accidental food spills and/or other objects around the house that I drop or am unable to reach or unable to grasp. She was also sometimes available to retrieve my mail, prepare meals, and take me shopping. **Most of these things were paid for by the STATE OF MICHIGAN through various federally funded STATE programs, similar to those described in the previous pages as required under the SOCIAL SECURITY ACT (even before it was AMENDED).**

**It was ONLY due to the CRIMINAL VICTIMIZATION which, so far, both the CORRUPT STATE OF MICHIGAN and the (questionably corrupt) STATE OF SOUTH DAKOTA have**

completely ignored, in spite of my reporting since my “DAY 1” arrival to SOUTH DAKOTA that I had come to this STATE as a bona fide “CRIME VICTIM” and a “REFUGEE” fleeing that land of “*insurrectionists*” and “*domestic terrorists*” otherwise deceptively calling the (FAKE) financial-political infrastructure of their collectively operating through (i.e., the STATE BAR) CRIME SYNDICATES, the so-called “STATE OF MICHIGAN”. Yet, even though I wrote a formal letter to that effect on 3/28/21, explaining why – a month after my hasty arrival to this STATE – I no longer had, but still nevertheless needed, an “*in-home chore services worker*” with my ex-wife, absolutely NONE whatsoever of the “STATE government officials” in receipt of my letter even responded back to me.

My LEARNING-DISABLED ex-wife found the wherewithal to make it out here (after me) in the first part of April 2021, but she was unable to stay to assist me except for only two weeks because she was taken ill and needed dental treatment. She thus, had to go back to where she had also fled (i.e., fleeing to the STATE OF CALIFORNIA) as a “REFUGEE” from the STATE OF MICHIGAN, back to the safety of her close family members (not to a better government), and away from her servicing of my “*ongoing disability needs*”.

Each of us (i.e., my ex-wife and I) are doing everything we can to take care of ourselves, with whatever we are given (or have left); however the “government” has taken away and/or DENIED me “MEDICAID” in SOUTH DAKOTA without proper legal authorization; and this has not only been HARMFUL to me, but also a VIOLATION OF MY FEDERAL “GUARANTEES”, both under the CONSTITUTION and its DUE PROCESS CLAUSE and FULL FAITH AND CREDIT CLAUSE; and under the CIVIL RIGHTS ACT (as AMENDED) at minimum.

## EVIDENCE OF THE HARM



2431 Emerson Lane Suite 100  
Rapid City, SD 577015046  
(605) 341-2997 Fax () -

David Schied  
Po Box 321  
Spearfish, SD 57783

### Quote

Date: David Schied  
Re: Customer# 1595088 Order # 11077323

Vendor	Description	Code	UOM	Qty	Charge	Total	Customer	Total
Pride Mobility Products	Jazzy Elite 14 2S-C Rental	K0823	EA	1	\$1,019.80	\$1,019.80	\$90.78	\$90.78
Pride Mobility Products	Joystick Mounting Brkt Assy S/A Inline Rt Rental	E1028	EA	1	\$42.00	\$42.00	\$3.52	\$3.52
Pride Mobility Products	Shroud Assy - Solid Red		EA	1	\$0.00	\$0.00	\$0.00	\$0.00
Pride Mobility Products	NF 22 AGM 55 Amp Battery	E2361	EA	2	\$1,320.00	\$1,320.00	\$52.18	\$52.18
Pride Mobility Products	Flip Up Ht Adj Full Length Left	E0973	EA	1	\$170.00	\$170.00	\$16.57	\$16.57
Pride Mobility Products	Flip Up Ht Adj Full Length Right	E0973	EA	1	\$170.00	\$170.00	\$16.57	\$16.57
Pride Mobility Products	Hi-Bck 115 Ltd Redcl Blk Vin 18W x 18-20D		EA	1	\$0.00	\$0.00	\$0.00	\$0.00
Bodypoint Designs	Joyetick Handle 4" U-Shaped 1/4" Stem Ergonomic	E2323	EA	1	\$158.00	\$158.00	\$13.73	\$13.73

1st Month Copay = \$193.35  
2nd & 3rd Month Copay = \$94.30 each month = \$188.60  
4th - 13th Month Copay = \$70.73 each month = \$707.30  
Total Estimate Copay = \$1,089.25 (This does not include the 2022 deductible.)

I did not ask for a “Quote”. I asked the NUMOTION “agent” Kelly to instead reiterate in writing what exactly she had stated to me over the RECORDED phone call; which was that I will not get ANYTHING of what my doctor ordered until I pay the first \$183.95 and CONTRACT for the

If you have any questions please call me.  
Sincerely, Kelly Goodrich

Total	\$2,879.80	Sub Total	\$193.35
Tax			\$0.00
Estimate Due From Customer			\$193.35
Total Paid By Customer			\$0.00
Total Due From Customer			\$193.35



Use by permission only

**As explained already in the above many pages, STATE agent Mary Rea would ONLY allow me to get reimbursed on my outlay of cash if I would sign "under penalty of perjury" a "TAXPAYER IDENTIFICATION FORM" stating that I was a CORPORATE entity and NOT a "welfare BENEFICIARY" which is, upon information and belief, a STATE COERCION to commit FRAUD.**

**Batteries + Bulbs**

Batteries Plus Bulbs #934  
2060 W Main Street Suite 1  
Rapid City, SD 57702  
(605) 718-6000

Receipt

Customer: David Schied  
Customer #: RM-000011723393  
Original Order: P40182377

**Sale Items**

SLADC12-35J	2 @ 99.99	199.98
12V LEAD		
DURDC12-35J		

Subtotal 199.98  
Tax 13.00  
**Total 212.98**

VISA XXXXXXXXXXXX3144 212.98  
SCHIED/DAVID  
E  
Chip 044757  
Sale Amount Received 212.98  
Items Sold 2

934-02 5/28/2021 2:48:00 PM  
etelkamp

**Thank you for your purchase!**  
We are proud to be your destination for  
batteries, light bulbs, repair services & more.  
Shop in store or online at [batteriesplus.com](http://batteriesplus.com).

\*\*\*\*\*

**Tell us about your visit today.**  
Visit [batteriesplus.com/feedback](http://batteriesplus.com/feedback)  
Enter **YWP356WFNS** to answer a few questions  
about your store experience today.

**Let us stay in touch!**  
To receive text alerts about exclusive promos,  
new products & more, text **POWER** to 33233.  
Messaging rates may apply.

Customer Copy - Please retain for your record

Cost to replace dead  
batteries for my "far-  
outdated" Hoveround  
electric wheelchair as  
an essential "mobility  
device" plus cost of gas.

BIG D 24  
XXXXX X8001  
3010 W MAIN  
RAPID CITY, SD  
57701  
05/28/2021 987434520  
02:56:57 PM

XXXXXXXXXXXX3144  
Visa  
INVOICE 019179  
AUTH 045509

PUMP# 1  
Unleaded 11.250G  
PRICE/GAL \$2.889

FUEL TOTAL \$ 32.50

CREDIT \$ 32.50

Customer-activated Purchase/Capture  
Sequence Number 54913  
Chip Read  
VISA CREDIT  
Mode: Issuer  
AID: A0000000031318  
TVR: 8000000000  
IAD: 06010A03600000  
TSI: 6900  
ARC: 00  
TC: F9F7F2048050311  
APPROVED 045509

See cashier for all wash discounts

As early as 5/26/21, I began telephoning my doctor's office in effort to find out about what "procedure" is necessary to follow in order to get proper service on my "home mobility device" when my electric wheelchair brought from MICHIGAN first began to show signs of failing to recharge properly. At that time, I received information from the doctor's "agent" – being his nurse – that the doctor does NOT *initiate* the "prescription" for any "home mobility device" but on the advice of a mobility advice professional's (i.e., a physical therapist or occupational therapist) documented recommendation. At that time and during that call, this nurse – who goes by the name of "Twila" – gave me the phone number for the CORPORATION described further below at length as "NUMOTION" and stated there was no need for an appointment with the doctor right away for the intended purpose of ordering this "durable medical equipment".

So, I next RECORDED my conversation that same day of 5/26/21 with NUMOTION's agent "Laura" or "Lora", who informed me of just the opposite "procedure" than did the doctor's nurse "Twila". She told me instead what I believed was true all along anyway; which was that the doctor first does his evaluation and writes the prescription or "ORDER" for the needed "electric wheelchair" for "mobility" at home. She stated that after receiving the "order", NUMOTION would then work with the Physical Therapist on the completion of that order. She then offered to call the doctor's office to clarify this process with "Twila".

Two days later on 5/28/21 when the batteries on the electric wheelchair had gone out entirely and would no longer recharge, I telephoned NUMOTION a second time getting Laura/Lora on the phone. I inquired about whether NUMOTION could come to my home – because I am NOT licensed to drive – to come out to my home to perform an evaluation on my HOVEROUND electric wheelchair, and how much it would cost. Laura/Lora first transferred me to a voicemail message machine that only left me with the option of leaving a message and calling right back.

When I telephoned back, I was connected to "Mario" who informed me – as he claimed to be "working out of the KANSAS CITY branch" of the company – that "NUMOTION is no certified to work on HOVEROUND". I explained that when I had called HOVEROUND, the agents of that company had informed me that HOVEROUND does not provide service in SOUTH DAKOTA at all. Then when I asked "Mario" – multiple times – for clarification on whether or not NUMOTION would CONTRACT directly with me in order to evaluate the needs of my electric wheelchair and help me directly, as a totally and permanently disabled person, in the private sector, without all of the regulatory CRAP that he otherwise continued to dish out to me as the reason why I should go elsewhere to get the help with the batteries that I then needed.

When I finally proposed that his company work with me privately in such fashion – since I had already spoken with HOVEROUND and was aware of the cost of the batteries and the fact that HOVEROUND would be willing to ship the batteries to me in SOUTH DAKOTA – "Mario" stated, "sure we can help you to install those batteries at \$34/hour". **He then went on to clarify that there would be an added fee for NUMOTION to drive out to my location – of a FLAT \$272.** This amount – NOT even getting me an evaluation of the problem except my own – added to the cost that I knew it would be for the batteries of about \$115 each for two (**being another \$230**) PLUS the \$34/hour to install the battery, was amounting to a total of over \$536 for the batteries to be installed if I got NUMOTION's help and ordered the batteries to be delivered by UPS, which I understood to be another \$70-\$80 on top of that.

So, this led me to further digging – i.e., to save the STATE money (and me money in having to provide the STATE with such an “accommodation” that they otherwise owed to me) through my own “*unconsented servitude*” – to find that by finding someone to take my van to BATTERIES PLUS, I could purchase the batteries and get them installed by BATTERIES PLUS for no extra fee.

I am being DENIED “*medically necessary*” and “*doctor prescribed*” medical services by CORPORATE “*service providers*” and “*product providers*” solely based upon my declaration of “*INABILITY TO PAY*”.

Getting back to the previously described scenario of still NEVER getting either a reimbursement on the “*emergency*” batteries that I purchased (with a “*secured*” CREDIT CARD) and also NEVER getting any sort of reply from any of the STATE *agents* that I wrote to along with Mary Rea (being the ALL WOMEN “*STATE TEAM*” of Leslie Lowe, Rogine Page, Jennifer Lewis, Nancy Giovanetti, Val Clauser, Laura Nord/Charter, or even GOVERNMENT licensed WOMEN DOMINATED “*nonprofit*” WESTERN RESOURCES FOR INDEPENDENT LIVING agent Linda Williams), I ended up using the post-purchase time in waiting for their “*answer*” (that NEVER arrived) to follow through with Laura/Nord Charter’s initial suggestion to call my doctor to schedule an appointment for ordering an entirely NEW and EXPENSIVE electric wheelchair for having on hand for next time my “*home mobility device*” fails. [It was my understanding that no CORPORATION or GOVERNMENT will not “fix” anything of mine in any event – even if it fails – without a CORPORATELY GUARANTEED “warranty” anyway.]

In doing so, the following subsequent scenario has continued to play out to the present:

First, I telephoned my “*primary care*” doctor’s office for referral to a “*mobility*” or “*rehabilitation*” specialist for AMPUTEES. The doctor’s head nurse explained to me ON A RECORDED LINE, that way the “*medical system*” works is that I first schedule with my “*primary*” medical doctor who writes a prescription or “*referral*” for the medically necessary “*home mobility device*”. Next, I go to the physical therapist for a full evaluation on what “type” of mobility device is most needed, as based upon my “*current level of performance*”. The physical therapist is expected to be working with the CORPORATION delivering the specified and measured (“*new electric wheelchair*”). NOBODY in this line even CARES, much less handles or educates “*clients*” about how the costs for fulfilling this “*medically necessary durable equipment*” are to be carried out. That is all on the shoulders of the DISABLED PERSON when s/he is DENIED MEDICAID. In fact, as was just this week expressed on a follow-up call with the very same “*head nurse*” expressed her view that she “*had never seen MEDICARE cover the expensive costs of such a wheelchair device*” even when ordered by the doctor.

In any event, having gone through the above *rigamarole* – and at great cost to me in UNPAID time and cost to the PAID time of doctors, physical therapist, and CORPORATE wheelchair experts – I was finally issued a phone call by a NUMOTION “*agent*” giving me an oral “*QUOTE*” over the phone, while adding that the “*medically necessary mobility device*” of the new wheelchair will NOT be delivered to me as the disabled person UNTIL the CORPORATION gets their twenty-percent (20%) CASH OUTLAY from me UP FRONT, by the above-referenced “*\$193.35*” “*down-payment*” or “*first installment*”, and with my personal CONTRACTUAL AGREEMENT ON FINANCIAL RESPONSIBILITY for the equivalent of eighty-something dollars (\$80+) per month for the next THIRTEEN (13) MONTHS.



**Most importantly, when I explained in late June 2021 on that RECORDED phone call that I needed this information sent to me IN WRITING – including the FACT that I was being DENIED the delivery of the new “medically necessary home mobility device” – which was determined to be “medically necessary” by the NUMOTION “field rep” working with the physical therapist in determining what kind of wheelchair I needed, because the HOVEROUND wheelchair that was given to me just under three (3) years ago was extremely “outdated”, “without replacement parts”, and (like the batteries) “subject to another breakdown in the near future” (as well as “without [CORPORATE] warranty” for fixing) – even though I was assured by Kelly Goodrich of getting this information by email, what I got instead from NUMOTION was an entirely different CONTRACT. It was a CONTRACT instead designed to DEPRIVE me of my RIGHTS simply in order to accept written “communications” with NUMOTION, which was purportedly “necessary” UNDER COLOR OF “HIPPA” [“privacy protection”] LAW(s).**

Laserfiche Web Access	★ (No Subject)	NUMOTION\Kelly.Goodrich sent you a document ...	Inbox	Jul 27
Postmaster	★	You have been sent a secure message Numotion sent you a se...	Inbox	Jun 29
me	★	NuMotion email came just 3 minutes following end of the phon...	Inbox	Jun 28
me	★	NuMotion email came just 3 minutes following end of the phon...	Sent	Jun 28
myNumotion	★	You have been registered for myNumoti... Dear David, Based ...	Inbox	Jun 28

The screen shot above is that of all of the correspondence sent to me by Kelly Goodrich and her NUMOTION “postal agents” attempting to **ABUSIVELY** COERCE me into a CORPORATE contract with them in order for me to simply get from Kelly Goodrich what she had informed me over the phone but which I no ability to write down in notes because I have no fingers.

Not only did this CORPORATION owe me “reasonable accommodations” in providing to me this information in writing as requested because of my disability, but I was additionally asking for reason that I needed their STATEMENT about refusing to deliver the medically necessary “home mobility device” until I am FORCED to sign a CONTRACT for “down payment” and “payment plan” that I otherwise know that I cannot afford knowing full well that I am WITHOUT ANY “INCOME”.

In other words, I was being forced into a “no win” compromising situation – between the STATE’s REFUSAL to provide me with MEDICAID and the CORPORATION’s “TERMS OF SERVICE” – to prove to everyone that I am incapable of handling my finances. This, by the way, is the first step before being FORCED into STATE CONTROL and the assignment of a “guardianship” for the remainder of my life; and ultimately, expensive institutionalization and TOTAL “STATE” CONTROL OVER MY LIFE.

I flatly refused (then) and refuse (still now) to be placed into this “FASCIST” type of environment. I do have acute mental awareness and control over my own life – as the FEDERAL LAWS require – I just need the STATE to fess up to itself being “OUT OF COMPLIANCE” with those federal laws.

You have been registered for myNumotion

From: myNumotion (mynumotion@numotion.com)

To: deschied@yahoo.com

Date: Monday, June 28, 2021, 3:17 PM MDT

This company ABUSED its “constructed” relationship with me by “registering” something and calling it “mine”, while trying to COERCE me into engaging it with a SERVICE CONTRACT without “full disclosure” of the financial implications upon the vulnerable “elderly”, “poor”, and/or “disabled” person.



Dear David,

As shown in the email RECORD above and on the previous page, this email solicitation came just three (3) minutes of Kelly Goodrich assuring me that she would send me an email summarizing what we had just discussed over the phone. I NEVER received the requested summary, however.

Based on your previous engagement with Numotion, you have been granted access to the myNumotion online tool.

Your next step is to set your password by clicking [here](#).

After you have set your password on your initial login, you will be able to use this password with the username identified below for future logins.

**Username: deschied@yahoo.com**

You now have easy access to:

- The status of your Numotion equipment orders and service requests
- A complete list of your purchased mobility equipment from Numotion
- Appointments scheduled through Numotion
- Any outstanding invoices and online bill pay options
- Contact information for your Numotion team
- Customer service representatives through live chat during business hours (Monday through Friday 8 a.m. to 5 p.m., local time) or offline submission for questions or concerns

**This is a COERCIVE CONTRACT.**

By registering for myNumotion, you are agreeing to the terms of service and to be notified via email with periodic updates to changes to your order status. You may also choose to add order status updates via text, or you may opt-out of these updates at any time by updating your preferences in myNumotion.

Thank you for doing business with Numotion. **DO NOT REPLY TO THIS EMAIL.** Should you have any questions about this message or any of your Numotion orders, please login to the app at [www.mynumotion.com](http://www.mynumotion.com) or call 800-500-9150.

This is one-way “dictatorial”, force not “two-way” open communication.



Menu ▾

## Terms of Service

myNumotion

### User Consent - Email and Text Message

As a user of the myNumotion portal you may give Numotion\* permission to communicate with you by unencrypted email and text message (also known as SMS). The primary purpose of these communications will be for Numotion to inform you of the status of your orders, appointment schedules and reminders, repairs, and other information about products and services that you order and obtain from Numotion. This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how we use email/text communication. It also will be used to document your consent for communication with you by unencrypted email and text message.

**1. Risk of using unencrypted email and text messages:** The use of unencrypted email and text message has a number of risks that you should consider. These risks include, but are not limited to, the following:

- Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Senders can misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect emails and texts sent through their company systems.
- Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
- Emails and texts can be obtained and used as evidence in court.
- Cell phones and other personal devices containing emails and texts can be lost or stolen resulting in disclosure of messages to unauthorized individuals.

**2. Conditions for the use of email and text messages:** Numotion cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:

- IN A MEDICAL EMERGENCY, DO NOT USE EMAIL OR TEXT, CALL 911.** Do not use email/text for urgent problems. Please call your physician or 911 in the event of a medical emergency. Urgent messages or needs should be relayed to us by using regular telephone communication.
- Emails/texts to us should not be time-sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up if we have received your email.
- You should speak with your Numotion representative to discuss complex and/or sensitive situations rather than send email or text messages regarding such situations.
- You should use your best judgment when considering the use of email or text messages for communication of sensitive medical information. Numotion and its personnel are not responsible for the content of messages you may send to Numotion.
- Numotion is not liable for breaches of confidentiality caused by you or any third party.
- It is your responsibility to follow up with your Numotion representative if warranted.

**3. Withdrawal of consent:** I understand that I may revoke this consent at any time by so advising Numotion in writing. To withdraw consent to text messages, I can text STOP to (877) 855-5059. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

#### 4. Client Acknowledgement and Agreement:

I acknowledge and agree that by providing my cell phone number and email address to Numotion I am consenting and agreeing to receive unencrypted email and/or text messages at the telephone number/and or email address provided, and such messages may include information relating to my health and healthcare, including orders, appointment schedules and reminders, repairs, and other information about products and services that I order and obtain from Numotion. dfs

I understand that message and data rates from my cell phone service provider may apply. To unsubscribe to text messages, text STOP to (877) 855-5059. For help text HELP anytime to (877) 855-5059.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of unencrypted email and text messaging as a form of communication between Numotion and me, and consent to the conditions and instructions outlined, as well as any other instructions that Numotion may impose to communicate with me by email or text message.

Find your nearest Numotion location

Call us

National Customer Care Center:

800-500-9150

We respect your right to privacy - click here to view our policy.



## Privacy Information

- [Website Privacy Policy](#)
- [Continuing Education Privacy Policy](#)
- [Notice of Privacy Practices \(English\)](#)
- [Notice of Privacy Practices \(Español\)](#)

**Hidden within the single “Privacy Policy” link are four (4) MORE links, each with an additional aspect of the CONTRACT anyone who “uses” this services automatically “agrees” to by acquiescence, in what is termed by legal language as “tacit agreement”.**



The very next day, this “government licensed” CORPORATION (i.e., licensed by the STATE OF SOUTH DAKOTA to do “business” in this COERCIVE fashion with “totally and permanently disabled quad-amputees” and other disabled people) wrote me again, attempting to COERCE me into another “constructive” CONTRACT with yet another CORPORATION called “MIMECAST”. (See below on the next page)

You have been sent a secure message

From: Postmaster (postmaster@numotion.com)

To: deschied@yahoo.com

Date: Tuesday, June 29, 2021, 3:36 PM MDT

All of these unsolicited CONTRACTS sent to me by NUMOTION serve no purpose but to convolute and obfuscate the “original intent” that I had in requesting that Kelly Goodrich simply provide me with the “reasonable accommodation” of placing into writing her COERCIVE assertion that her company was REFUSING to provide to me the doctor prescribed “home mobility device” until I paid them and CONTRACTED with them for further payments.

## Numotion sent you a secure message

The first time you access it you'll be asked to enter your email address and create a password.

You can view your message at any time afterwards in our Secure Messaging service.

Powered by **mimecast**

© 2020 Mimecast Services Limited and affiliates. The information contained in this communication is confidential and may be legally privileged. It is intended solely for use by the intended recipient. If you are not the intended recipient, or authorized to receive it, any disclosure, copying, distribution or reliance of the contents of this information is strictly prohibited. For information about how your personal data is processed through this service, read the [Mimecast Secure Messaging Privacy Statement](#).

Here is yet another company and another CONTRACT that disabled people are expected to “tacitly” agree to by simply “using” this UNSOLICITED “service” introduced by none other than the government licensed CORPORATION introduced by the “medical community” without full disclosure about why the traditional form of USPS “snail mail” has been abandoned! Purportedly, this is being done in the name of “environmentalism” and “saving trees” and a “green economy”; however, it reeks of a GOVERNMENT and CORPORATE takeover of the medical system amounting to COERCION and a SOCIALIST / MARXIST / FASCIST move away from truly “private” and “personal” forms of truly “informed consent”.

Next, as shown by my email screen shot (a few pages back), when I refused to be sucked into this multitude of “rights-restricting” CONTRACTS throughout the month of July 2021 in order to simply get in writing what Kelly Goodrich had conveyed over the phone on 6/28/21 about NUMOTION refusing to provide me with the needed medical equipment until I “paid the piper”, Kelly Goodrich followed up with another phone call on 7/27/21, and a USPS mail delivery the next day on 7/28/21.

In the RECORDED phone conversation of 7/27/21, I went to great lengths to explain my reasons for not replying to the automated solicitations sent to me by NUMOTION attempting to lure me into unwanted CONTRACTS, instead of Kelly Goodrich simply following up as

promised a month earlier on a similarly RECORDED (“for quality assurance”) phone line. In reply, Kelly Goofrich asserted (without providing proof) that she “*had*” indeed provided the above referenced “*QUOTE*” a full month prior; but she repeatedly failed to address the fact that in any event, she and NUMOTION had failed this past month to place into writing their STATED REFUSAL to provide me with the doctor-proscribed “home mobility device” (a.k.a. “durable medical equipment”) that I – as a totally and permanently disabled quad-amputee – was determined by medical professionals to be NEEDING this past over two months, as I had otherwise requested and that Goodrich had otherwise previously agreed to do.

The following day Kelly called back and left a RECORDED message stating she had “good news” and asked for my call back. When I returned her call, Kelly Goodrich asserted that she had spoken with her “manager” at NUMOTION and had gotten authorization to send me a “HARDSHIP APPLICATION”. She stated on that RECORDED line that the FORM (framing yet another CONTRACT to which I was being compelled to sign in agreement) would be asking for information about my financial situation, whether or not I had applied for MEDICAID, and would provide me with the discretionary option to pay NONE or PART of what was to be owed by me as reflected in the previous “*QUOTE*” that she had sent to me the day before (which is shown by the “attachment” icon on the email log a few pages back). Interestingly, when I asked if she would simply send it to me via email, she refused; stating that it would instead be sent through the USPS mail delivery “with a self-addressed stamped envelope” (“SASE”) for my convenience in returning it completed.

However, the next day when I retrieved that “HARDSHIP APPLICATION” FORM from the mail, what I was being asked to sign did NOT even cover the same charges otherwise articulated by the original QUOTE. It instead appeared to be a deceptive SETUP or “*frameup*” for getting me to accept delivery of the “home mobility device” upon the written condition that NUMOTION would ONLY “excuse” the first (1<sup>st</sup>) month Copay of \$193.35. but (without otherwise “fully disclosing” their intent that I would otherwise be still “on the hook” for the other four-fifth of the “TOTAL ESTIMATE COPAY” of \$1089.25, as well as anything required by MEDICARE’s “2022 DEDUCTIBLE”).

1st Month Copay = \$193.35  
2nd & 3rd Month Copay = \$94.30 each month = \$188.60  
4th - 13th Month Copay = \$70.73 each month = \$707.30  
Total Estimate Copay = \$1,089.25 (This does not include the 2022 deductible.)

**FINANCIAL HARDSHIP DECLARATION**

Customer Name:

David Schied

Estimated Customer Responsibility: \$ 193.35

Please list all monthly income sources & financial responsibilities:

**INCOME**

**EXPENSES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

1. \_\_\_\_\_ Rent/House Payment
2. \_\_\_\_\_ Utility Bills
3. \_\_\_\_\_ Food
4. \_\_\_\_\_ Medical Expenses
5. \_\_\_\_\_ Insurance
6. \_\_\_\_\_ Misc. Total

Monthly Total \$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_

**Financial Hardship Instructions**

- ❖ **Income:** Document all Monthly income sources and amounts for the household (this includes income for you, your spouse, or any other individuals contributing to the household's monthly income). Examples of income include, but are not limited to: Social Security payments, pension, work income, alimony, child support, etc.).
- ❖ **Expenses:** List all Monthly expense sources:
  - **Rent/House Payment:** Monthly mortgage or rent amount
  - **Utility Bills:** Monthly electric, gas/oil/propane, water/sewer, cable, telephone, etc.
  - **Food:** Average monthly grocery expense (reasonable estimate for your family's size)
  - **Medical Expenses:** Average out of pocket expenses such as monthly prescriptions; doctor visit co-payments, etc.
  - **Insurance:** Vehicle insurance, medical insurance (if not deducted from income), and homeowners insurance (if not included in your mortgage payment).
  - **Misc.:** Vehicle and other personal loans; credit card debt, gas for vehicle, clothing and other amenities; any other expenses not listed above. Please detail these expenses using the back of this form if necessary.
- ❖ Total the income and debit columns.
- ❖ Please provide all information on the Financial Hardship Declaration page 2. Be sure to indicate if you are a Medicaid recipient, or have applied for Medicaid.
- ❖ Please attach any other information you feel is important, or use the reverse of this form to provide further information you think we might need to evaluate this application.
- ❖ Financial hardship determinations are based on individual circumstances. All hardship forms are reviewed for approval or denial on a case by case basis.



**This is NOT "MY" DECLARATION as based upon what was discussed over the phone. It is NUMOTION's COERCED "frameup" of my "declaration" that can be "interpreted" by any crooked STATE BAR attorney as a "fully-informed CONTRACT" for payment of everything except the first \$193.35. This is corporate ABUSE of disabled people, intentionally placing them into "debt-slavery", possibly with the CORPORATE right – like the STATE OF SOUTH DAKOTA has by law– to place liens against any property owned by these disabled persons.**

**FINANCIAL HARDSHIP DECLARATION**

Due to financial obligations detailed in this Financial Hardship Declaration, I request waiver of all or part of my financial obligation to Numotion.

Maximum payment plan limits:

Patient responsibility less than \$1000 for 6 month period

Patient responsibility greater than \$1000 for 12 month period

I agree to pay to Numotion \$ \_\_\_\_\_ per month for \_\_\_\_\_ months (not to exceed the maximum payment plan above) to satisfy my financial obligation to Numotion for equipment/services the company has provided to me.

I understand that the equipment provided by Numotion will remain in my home as long as I am making payments in accordance with this agreement, and that Numotion will make no collection attempts while my monthly payments are current.

I understand that I am financially responsible for any additional supplies or equipment needed or prescribed in the future, and that this one-time hardship waiver does not apply to future equipment or service.

I understand that I must submit this completed Financial Hardship Declaration to Numotion within 10 business days of receiving the form, and that failure to do so may result in collection/pick up of equipment that may have already been provided to me.

I certify that the information I have provided on this form is accurate to the best of my knowledge.

I understand that my hardship status will be reviewed periodically, and I agree to provide Numotion with documentation relating to any of the income or expenses I have identified on this form. I agree to notify Numotion immediately in the event my financial and/or insurance status changes.

Customer Name: \_\_\_\_\_ David Schied

Address: \_\_\_\_\_ PO Box 321 Spearfish, SD 57783

Phone: \_\_\_\_\_ (605) 580-5121 Social Security #: \_\_\_\_\_

Spouse/Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Size: \_\_\_\_\_ Are you a Medicaid recipient? (Choose one): ☐ Y ☐ N ☐ pending

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Just as this "NUMOTION" corporate "person" has DENIED me the medically necessary "home mobility device", so too are other CORPORATIONS as "medical service" or "medical product" PROVIDERS also REFUSING TO "PROVIDE", unless I open myself to similar forms of THIRTEENTH AMENDMENT VIOLATIONS of "indentured servitude" and "debt slavery".**



**Moreover, in FORCING ME TO PROTEST all of this, the previously named *agents* and *principals* of the STATE are FORCING me to “self-violate” my “Privacy Rights” under HIPPA laws by revealing the “*nature of the DENIALS of medically necessary services*”.**

For instance, my ENT specialist has recommended that I purchase an electrically operated “*nasal rinse*” dispenser to deal with a chronic problem in my nose that has not actually healed as a result of the “*post-gangrenous*” condition leftover from my bout with the SEPSIS DISEASE, that nearly resulted in the amputation of my nose from my face. **This is a CHRONIC CONDITION that, according to the doctor’s observation and interpretation of lab results, had resulted in an infection of the nose which, if left unattended by the most powerful antibiotics (to which this DEADLY bacteria is known to have developed mutative “*resistance*”) and regular hygienic rinses (recommended by the doctor at twice daily), could worsen and still become another primary cause of another bout with SEPSIS (and another resulting threat of DEATH).**

Comprehending the dangers of my otherwise needing to boil water and transfer that “*sterile*” water (when cooled) to the “*nasal rinse*” dispenser that I was otherwise FORCED BY NEED to purchase myself for about ninety dollars (\$90) WITHOUT MEDICAL REIMBURSEMENT, the doctor wrote a prescription for an ongoing refillable 30-day supply of sterile “*saline water bottles*” instead for recommended usage in the “*electric nasal rinse dispenser*”.

Nevertheless – again using the telephone so that the CORPORATION makes it most difficult for disabled people to have any RECORD of their “*DENIAL OF MEDICAL SERVICE*” – I RECORDED my return of a call from the “MONUMENT HEALTH MEDICAL EQUIPMENT STORE” (“MHMES”) on 6/18/21 only to be told that MEDICARE does not cover the “*saline water*” ordered by the doctor “*for the stated purpose intended*” WITHOUT FULLY INFORMING ME about what exactly was the “*stated purpose intended*” as conveyed by the doctor’s agent to the MHMES’s agent so that I could verify that information was correct.

When I asked “*if*” MEDICAID might otherwise handle the financial cost for the “*saline water*”, this **MHMES agent “Tonni” stated that MHMES would NOT even TRY to submit the question to MEDICAID because the MHMES records indicated that I am “NOT ON MEDICAID”; therefore I would need to SIGN A CORPORATE CONTRACT called a “WAIVER” forcing me to be solely responsible for billing costs for this “medically necessary” product to use with the “nasal rinse dispenser” that I had already purchased on my own nearly one-hundred dollar (\$100) “dime”.** She added that the only thing the “WAIVER” would do would be to provide savings to me – a bona fide “*totally and permanently disabled [white male] quad-amputee*” of the “*sales tax*” on the cost of the medically necessary saline water bottles.

Aside from all of that, this MHMES agent “Tonni” had only to suggest – **without apparently knowing, herself, the difference between the “DEPARTMENT OF HUMAN SERVICES” and the “DSS” when advising me** – that another alternative was to contact the DEPARTMENT OF HUMAN SERVICES’ “DSS” to “*see if [I] qualify for services [as a financial pauper] through them*”.

**I NEED CORRECTIVE LENSES and**  
**FURTHER EVALUATION OF POSSIBLE PERMANENT EYE DAMAGE FROM MY**  
**BOUT WITH THE DEADLY SEPSIS DISEASE FROM THREE (3) YEARS AGO**

Three years ago, when I got the deadly SEPSIS disease, the hospital provided emergency “trauma” and “intensive” care to include the amputations to all four quadrants of my body in order to save my life. Subsequently, their “jobs” were to only provide “stability” of my vital signs adequate enough to transition to a NURSING HOME “LEVEL OF CARE” where my small adult family were all told that I would probably be kept for the rest of my natural life.

Life in the nursing home was so bad that it sent me on a separate personal mission to get out of there as soon as I possibly could, by a commitment of neighbors and friends to assist me in getting settled at home with the proper “supports” of transportation to doctors, in-home services, and the like. **What was NEVER done in the last three years since leaving the hospital, however, was a full evaluation of my eyes, and testing for what underlying eye disease had been caused secondary to the SEPSIS disease.**

Similarly, nothing was done to check other of my body parts; but so far all of those other body parts, except for my eyes and (post-gangrenous condition in my) nose, are *asymptomatic*. My eyes and nose are a different story; as more problems have been detected, both in Michigan (with my post-gangrenous condition in my nose) and in South Dakota with my eyes.

Currently, what has been determined about my eyes is that I do need “corrective lenses”; and – according to the doctor – there is more testing necessary to determine whether the testing results on my eyes are indicative of “treatable” glaucoma or “possibly untreatable damage” resulting from the SEPSIS disease.

As a result of MEDICAID not covering ANY aspect of these “medically necessary” treatments and tests – because of the DENIALS of Nancy Giovanetti, Laura Nord/Charter, Jennifer Lewis, Mary Rea, and the other agents of the DHS, the DOH, and the DSS of the “principal” of Kristi Noem as GOVERNOR of the STATE OF SOUTH DAKOTA – I am not only in solid “debt servitude” and without the STATE OF SOUTH DAKOTA providing me with the means of paying off these “private medical service providers” for their “medically necessary treatment” for my eyes. **I am also (again) being DENIED corrective lenses** because the frames and lenses themselves are both cost-prohibitive **FORCING ME INTO A DEBILITATING STATUS** of newly developed feelings of “hopelessness” and “despair” in being DENIED A “LEVEL OF CARE” equal to others who are disabled and living in SOUTH DAKOTA, being most mentionable as “quadriplegics”, as the “spirit” (even if not the “letter”) of the STATE and UNITED STATES laws otherwise mandates should and could be avoided and/or **IMMEDIATELY remedied**.

These are real DAMAGES resulting from the STATE’s intentional dereliction, gross negligence and tortuous malfeasance in refusing to provide me, as a recently “totally and permanently disabled quad-amputee”, with “equal treatment” as other disabled people otherwise reaping the “benefits” of having MEDICAID medical insurance coverage.

lined Bifocal  
 → plastic 185-  
 poly 235-  
 trivex 250-

Scratch Coat + 36-  
 Anti Glare + 130-

Progressive lenses  
 → Start at \$170.  
 in plastic

**To the left are the BASELINE costs I must become "indentured" to "servitude" and find financial assistance in receiving; or else I am compelled to go completely "without" (as I have been for this past couple of months) because the named STATE agents have DENIED me MEDICAID.**

**Further, I am being billed the following "medical service charges" that the STATE OF SOUTH DAKOTA is only too keenly aware that I have "NO ABILITY TO PAY".**

**Spearfish Eye Care Center  
 1710 North Avenue  
 Spearfish, SD 57783-1218  
 605-642-8480**

**Statement of Charges and Payments**

Fee Slip Number: 119919  
 Date Printed: 7/22/2021  
 Provider: Kathy O Haivala  
 Office Phone: 605-642-8480

To: David Schied  
 PO Box 321  
 Spearfish, SD 57783

Patient: 23052 David Schied  
 Chart #:   
 Home Phone: (605) 580-5121  
 Next Appt:

Date of Service	Ord #	SKU #	Qty Description	CPT	Diagnosis	Amount	Patient Balance
07/20/2021	0		1 EST. 15 MIN OFFICE VISIT	99213	H40.023	105.00	
			Billed Medicare			(87.00)	
07/20/2021	0		1 Visual Field, Extended	92083	H40.023	85.00	
			Billed Medicare			(72.24)	
07/20/2021	0		1 PHOTOS - FUNDUS	92250	H40.023	80.00	
			Billed Medicare			(72.14)	
07/20/2021	0		1 EYE IMAGING	2026F	H40.023	0.00	
07/20/2021	0		1 BP reading not documented, reason n	G8785	H40.023	0.00	
07/20/2021	0		1 pachymetry	76514	H40.023	20.00	
			Billed Medicare			(17.86)	
Total Current Charges						40.76	

The latest charges for 7/22/21 testing has not been added yet.

Balance Due 40.76  
 Other Open Items 68.67  
 Please Pay this Amount 109.43

Total Charges (Pat. Total + Ins. Total)= 290.00

NOTE: Billed to Insurance: \$249.24 plus Sales Tax of 0.00 = \$249.24  
 Thank you for your confidence and trust.

Total Due	109.43	Patient #	23052	Statement Date	7/22/2021
Amount Enclosed		Check #		Patient	David Schied
		Chart #			

Spearfish Eye Care Center  
 1710 North Avenue  
 Spearfish, SD 57783-1218  
 605-642-8480

David Schied  
 PO Box 321  
 Spearfish, SD 57783



**I HAVE HAD A LIFETIME OF "HIGH FREQUENCY" HEARING LOSS AND NEED FOR "HEARING AIDS" FOR DECADES, THAT HAS BEEN EXASPERATED TO A "SEVERE HEARING LOSS" LEVEL AFTER MY BOUT WITH "SEPSIS" PLACING ME ON THE SPECTRUM FOR A "DEAFNESS-RELATED DISABILITY" CLASSIFICATION**

The "DENIAL OF MEDICAID" and/or "DENIAL OF MEDICAL ASSISTANCE" altogether based merely on the narrowed "*personal criteria*" of Laura Nord/Charter and her supervisory "*team*" of SEXUALLY TRANSMITTED DISEASE ("STD") and SEXUAL VIOLENCE specialists totally ignore my disability classifications and needs not only as a "*totally and permanently disabled quad-amputee*", but also my classification and needs on the "*vision*" and "*hearing*" scales as well. Below is the embedded EVIDENCE that I have a "*severe hearing loss*" requiring me to "*medically need*" HEARING AIDS, despite that I am "*poor, elderly, and disabled* [in other areas]" and cannot afford either hearing aids or the costs for their maintenance and replacements.

## AFTER VISIT SUMMARY

David E. Schied MRN: 035203102

12/11/2019 8:30 AM Michigan Medicine Audiology Clinic | Livonia Center for Specialty Care 734-936-8051



## Today's Visit

You saw Shaleta Elaine Gibson, AUD on Wednesday December 11, 2019 for: Hearing Loss.

	Ear, Nose & Throat Consultants Quality Hearing Aid Center Novi, MI 48374 248-569-5985	David Schied 27397 Male 61 years
	Ordered, Reviewed & Interpreted on this date by _____, MD	11/9/2018

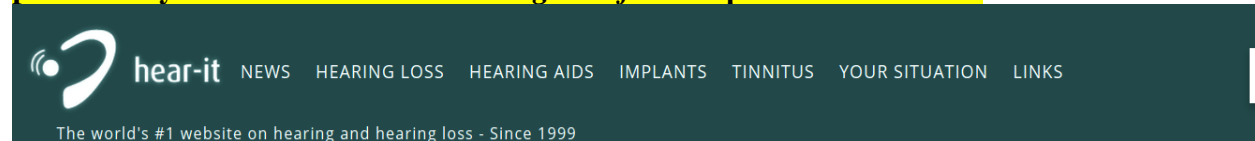
  

IP30		Right 226 Hz		Left 226 Hz	
AC PTA 40 dB	BC PTA 28 dB	Stenger <input type="radio"/> Negative <input checked="" type="radio"/> Positive <input type="radio"/> Off			
AC PTA 28 dB	BC PTA 49 %	Weber			

Examiner	Michael Mineau - CPOP	Physician	M.E. Stone, MD
----------	-----------------------	-----------	----------------

For those SEXUALLY TRANSMITTED DISEASE (“STD”) and SEXUAL VIOLENCE specialists of the STATE OF SOUTH DAKOTA who are totally ignoring my disability classifications and needs not only as a “totally and permanently disabled quad-amputee”, but also my classification and needs on the “vision” and “hearing” scales...below should bring things home in getting properly up to speed on where I am on the “disability” scale, particularly as it relates to the “hearing / deafness” spectrum and scale.



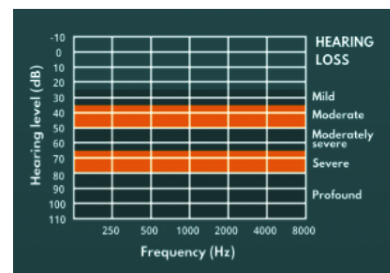
## Definition of hearing loss

Common categories of hearing loss classifications are mild hearing loss, moderate hearing loss, moderately severe hearing loss, severe hearing loss and profound hearing loss.

Hearing loss can be classified or defined in many ways and categories. This definition / classification is used by the Global Burden of Disease studies, which is used by the WHO.

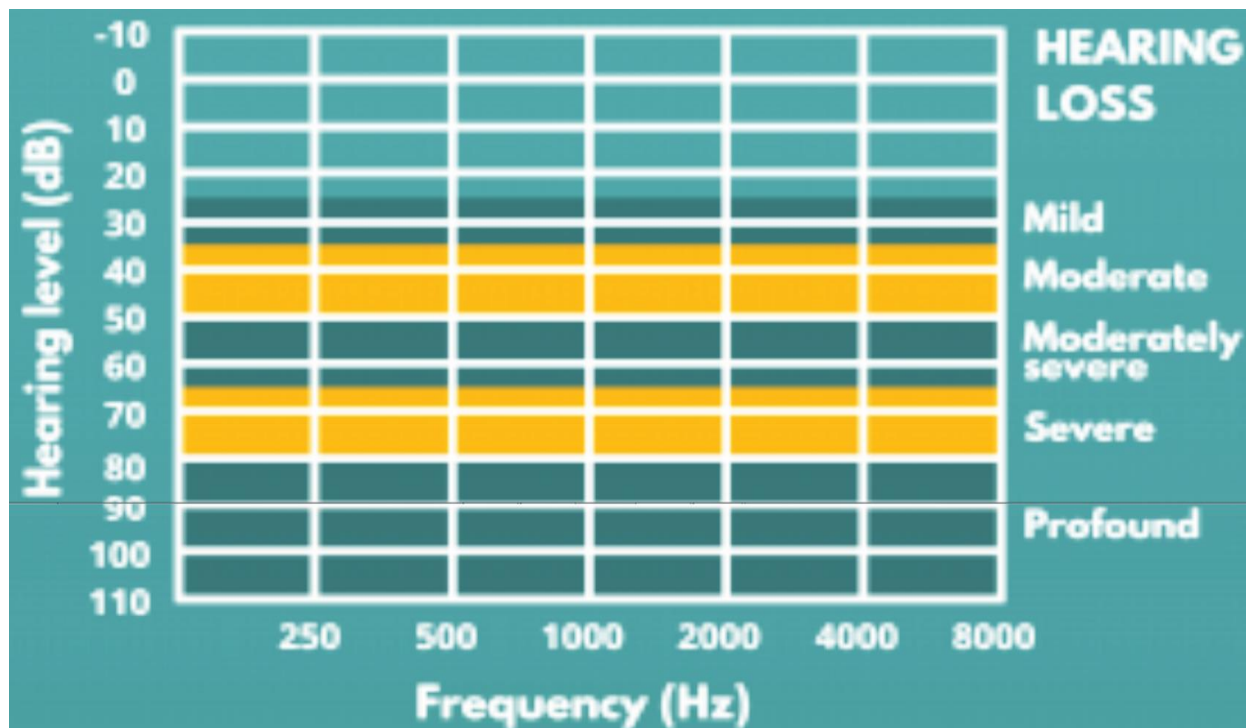
### Mild hearing loss

What is mild hearing loss? On average, the most quiet sounds that people can hear with their better ear are between 25 and 34 dB. People who suffer from mild hearing loss will normally have some difficulties keeping up with conversations, especially in noisy surroundings.



### Moderate hearing loss

What is moderate hearing loss? On average, the most quiet sounds heard by people with their better ear are between 35 and 49 dB. People who suffer from moderate hearing loss have problems hearing in many situations and will have difficulties keeping up with conversations. People with a moderate hearing loss will benefit from using hearing aids.



**MY AMPUTEE "REHABILITATION SPECIALIST" MEDICAL DOCTOR HAS DETERMINED THAT I NEED REPLACEMENT PROSTHETIC "SUSPENSION SLEEVES", "GEL LINERS", "LINER LINERS", AND SPECIAL ROLL-ON ANTI-PERSPIRANT FOR MY LEGS TO HELP WITH "MOBILITY" BOTH INSIDE AND OUTSIDE THE HOME**

Currently, the "medical service provider" of "HANGER CLINIC" – otherwise able to provide me with these items of "medical equipment" to help me with "participating" not only with the needed continuation of Physical Therapy in learning how to walk without other more "restrictive" assistive devices; but also needed for "access" and participation in social activities and "community events" outside of the home... without causing severe dermatological complications – is DENYING me these medically necessary items because I cannot (in good conscience) commit to "signing" their corporate CONTRACT for full "financial responsibility" of all costs that MEDICARE alone fails to pay.

Monument Health Neurology & Rehabilitation  
677 Cathedral Dr Ste 200  
RAPID CITY SD 57701-7389  
Phone: 605-755-4150  
Fax: 605-755-4161

Date: Jun 9, 2021

Patient: David E Schied MRN: 8688413  
PO BOX 321 DOB: 8/22/1957  
SPEARFISH SD 57783 SSN: xxx-xx-7754  
Phone: 605-580-5121 Sex: M

This photo at the right is the **PROOF** that I had all but one "pinky" finger and two thumbs amputated.



**DME** (Order ID: 59036710)

Diagnosis: Amputee, below knee, right (CMS/HCC) (HCC) (Z89.511)  
Amputee, below knee, left (CMS/HCC) (HCC) (Z89.512)  
Amputated finger, sequela (CMS/HCC) (HCC) (S68.119S)

Quantity: 1

Comments: Spearfish location please.

This is the latest in a long line of EVIDENCE that my "case" is one of a "total and permanent disability" being a "quad-amputee" as I have long also been informing the "agents and principals" of the STATE OF SOUTH DAKOTA.

The face-to-face evaluation was completed by: Robert W Nelson, DO

Product: For bilateral below knee amputation prostheses: new suspension sleeves, gel liners, liner liners, antiperspirant for residual limbs.

→ Duration of need: 99 (Lifetime) ←

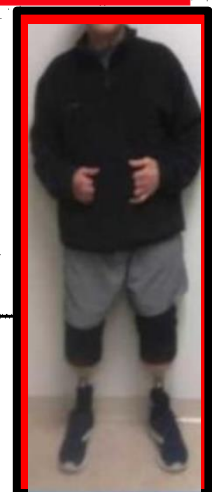
The face to face evaluation was performed on: 6/9/2021

Diagnosis: Below-knee amputee (CMS/HCC) (HCC) [1999468]

Prognosis: Good

Vendor list: Hanger Prosthetics

This photo at the right is the **PROOF** that I had all but one "pinky" finger and two thumbs amputated.



Signature: \_\_\_\_\_

Robert W Nelson, DO

(NPI: 1083931877)

Order Electronically Signed By: Robert W Nelson, DO Jun 9, 2021



Again, even though it doesn't take a brain surgeon to look at me directly or to see my photograph and see that I am disabled for a "lifetime" as a "totally and permanently disabled quad-amputee", "Rehabilitation Specialist" Dr. Robert Nelson has attempted to establish a proper record of the FACT that I not only need repairs on my ORIGINAL prosthetic legs issued to me just as I was leaving the hospital, which was just two months after my legs amputations (and before swelling and weight changes occurred in my legs). He has also ensured that all medical and INSURANCE professionals have no excuse for not knowing that I also need some type of functioning "home mobility device" for being able to reach the bathroom to pee in the middle of the night and for being able to function independently at home when I am not wearing these legs for a multitude of good reasons. He knows that wearing prosthetic devices too much can damage skin tissue; and if they do not fit well, can cause such damage that more parts of the legs may need further amputations. These are all issues which the "Power Women" running the DOH, the DHS, and the DSS all appear to be ignoring.

Monument Health Neurology & Rehabilitation  
677 Cathedral Dr Ste 200  
RAPID CITY SD 57701-7389  
Phone: 605-755-4150  
Fax: 605-755-4161

Date: Jun 9, 2021

Patient: David E Schied  
PO BOX 321  
SPEARFISH SD 57783  
Phone: 605-580-5121

MRN: 8688413  
DOB: 8/22/1957  
SSN: xxx-xx-7754  
Sex: M

**DME** (Order ID: 59036708)

**Diagnosis:** Amputee, below knee, right (CMS/HCC) (HCC) (Z89.511)

Amputee, below knee, left (CMS/HCC) (HCC) (Z89.512)

Amputated finger, sequela (CMS/HCC) (HCC) (S68.119S)

**Quantity:** 1

**Comments:** Spearfish if possible.

The face-to-face evaluation was completed by: Robert W Nelson, DO

Product: Repair/replace power wheelchair.

Duration of need: 99 (Lifetime) ←

The face to face evaluation was performed on: 6/9/2021

Diagnosis: Below-knee amputee (CMS/HCC) (HCC) [1999468]

Prognosis: Good

Vendor list: Numotion

If these "Power Women" in charge of the health system and MEDICAID system (being funded by the FEDERAL SOCIAL SECURITY SYSTEM) cannot understand that "LIFETIME" means the same thing I am saying when I claim being a "totally and permanently disabled quad-amputee", then they either need to get new jobs or start paying me out of their own salaries when I sue them personally for their GENDER DISCRIMINATION, TORT, and GROSS NEGLIGENCE.

Signature: \_\_\_\_\_

Robert W Nelson, DO

(NPI: 1083931877)

Order Electronically Signed By: Robert W Nelson, DO Jun 9, 2021

**THE “AGENTS AND PRINCIPALS” OF THE STATE OF SOUTH DAKOTA – BEING ALL WOMEN – ARE TORTUOUSLY AND DISCRIMINATINGLY DEPRIVING ME, A BONA FIDE “TOTALLY AND PERMANENTLY DISABLED QUAD-AMPUTEE” AND “HETEROSEXUAL MALE” THE “REASONABLE ACCOMMODATIONS” AND “RIGHT TO ACCESS” MY COMMUNITY THROUGH AVAILABLE PUBLIC TRANSPORTATION**

As my RECORDED phone conversation with DSS Agent “Patty” proves by her searching the STATE’s database while I was waiting on the line, I have been self-advocating for the need of TRANSPORTATION since my first arriving to SOUTH DAKOTA as a declared “REFUGEE” and “CRIME VICTIM” from the STATE OF MICHIGAN late last February 2021.

As shown already herein many pages back, “TRANSPORTATION” is not only essential for “accessing” community doctors, needed medical treatments, and social opportunities in the community; it is also a component for measuring the level of “DIGNITY AND RESPECT” being provided (or in my case NOT being provided) to me by STATE agents and principals.

42 CFR 441.301 (c)(4)(i) Setting is integrated in and supports full access to the greater community.	<u>Cirquility</u> <b>South Dakota Codified Law</b> <u>SDCL 27B-8-36</u> <u>SDCL 27B-8-45</u> <b>Provider Contractual Agreement</b> Provider agrees to become accredited and maintain accreditation by the CQL – The Council on Quality and Leadership	Fully Compliant   <b>NO</b> 	People exercise rights Applicable CQL Basic Assurances® <b>Factor 2: Dignity and Respect, Indicator d:</b> Supports and services enhance dignity and respect. Relevant Probes: Are transportation and other supports provided so people can access community services similar to those used by the community at large? Are people provided options for support settings that include generic settings? Are supports provided in integrated settings? <b>Factor 2: Dignity and Respect, Indicator e:</b> People have meaningful work and activity choices Relevant Probes: Do personal preference assessments identify the kinds of work and recreational activities people want? Do people receive the support needed to make choices about the kinds of work and activities they prefer? Are services and supports focused on assisting people to achieve their goals and desires? Are the activity and work options available to people age appropriate and culturally normative? Do these options promote a positive self-image? Are people supported to generate income to be used for needs and wants not covered by public assistance? Are people actively
---	--	---	---

Because I do not “drive” anymore, I instead exercise my RIGHT TO TRAVEL. I therefore purposely sought a rental contract in close in proximity to the PRAIRIE HILLS TRANSIT location with the planned intent to have easy “access” to a public transportation system for getting to and from doctors and other medical experts, as well as for getting around generally in the community during good weather. However, since my arrival to SOUTH DAKOTA, I have been provided public transportation ONLY on a “per one-way ride” cost basis. With appointments averaging thrice each week, and sometimes multiple “one-way” destination stops within a single day, these costs each week every month do add up to formidable amounts.

Meanwhile, I have been repeatedly informed by both public transportation drivers and PRAIRIE HILLS management that all people with MEDICAID can ride the transit vehicles without such expectation of personally paying these costs, even by pressured “donations” as I am otherwise being pressured – against my dignity as a poor, elderly and disabled person.

In an effort to save money, I spent more than one afternoon telephoning STATE agents in the attempt to pursue “*free bus passes*” from the CHAMBER OF COMMERCE, from the SENIOR CENTER, and from the STATE “DEPARTMENTS (“DOH”, “DHS”, and “DDS”), to no avail. Eventually, I was referred to a RAPID CITY program called “SENIOR COMPANION PROGRAM”.

The person I spoke with there stated that she knew of ONLY ONE person in my town who was involved with the SENIOR COMPANION PROGRAM. Around the first week of July 2021, I was finally connected and for the next three (3) weeks, I was receiving needed rides to doctors, physical therapists, grocery stores, and to the city’s “REC CENTER” where I acquired membership at reduced rate based upon my “*financial hardship*”.

Throughout that three-week period however, in spite of my repeatedly stated gratefulness to this “*Senior Companion*” driver and the program itself for getting me around to all of these places TWICE weekly, I felt a subtle but steady decline in the “*companion*” relationship. The fact was that I – as a male and former professional athlete still aiming WITH MUCH ENTHUSIASM toward “*progressive excellence*” in all of my physical “*therapy*” goals and objective– had been matched up with an obese, elderly, former smoker who herself was on MEDICAID and was quite content to remain there for the rest of her life while she used her car and federal stipends to pick up extra pocket change as she enjoyed also owning her own home.

As such, this woman had the tendency to compare my near daily “self-kudos” and expressions of verbal excitement about my daily “*progresses*” in the new town where I loved being, to herself who, at the time I met her had just lost two clients, one to death and the other to being cared for by other family members. Over the three weeks, I sensed her daily tone to become increasingly “*judgmental*” and/or “*placating*” and “*displeasure*”; until just this last week when actually attempting to denigrate and belittle my new life aspiration of INSPIRING and MENTORING other disabled people toward “*HOPE*”, this woman outright asked me to simply shut up because she had gotten “*sick of putting up with*” my persistent talk about what I was doing both outside and inside my home. She emphatically stated – as if she is either extremely lonely, or insecure, or both – that she wanted me to be inquiring about what was going on in her life rather than to be excited about what I was sharing with her about my life.

From that point forward to now, I have been stifled while in her company – being fully informed that I was “*dependent*” upon her for “*changing my world*” (i.e., her words to me in the beginning, not mine) with her transportation service, and knowing full well by that implication that she had and was ready to employ tyrannical POWER PLAYS in the relationship to “*pull the plug*” on my “*community freedom*” any time she felt intimidated, insecure, or downright “*pissed off*” about whatever I was otherwise feeling excited and happy about.



In all likelihood, this business card is indicative of what this woman’s “mission statement” is. As such, it does not align with my persistent need for TRANSPORTATION, and NOT companionship or “*Friendship At Home*”. It is clear to both of us that this STATE AGENCY-arranged relationship – purportedly supported by FEDERAL FUNDING – is grossly incompatible, unfriendly, and uncomfortable for both of us.



**AS A BONA FIDE MEMBER OF ALL THREE (3) OF AMERICA'S "MOST VULNERABLE" COMMUNITIES CONSISTING OF THE "POOR", THE "ELDERLY", AND THE "DISABLED", I AM BEING "DISCRIMINATINGLY" MISTREATED BY "GENDER-BIASED" FEMALES WHO ARE ALSO "DENYING" MY NEEDS FOR DENTAL HEALTH AND ORAL HYGIENE**



**ODPHP** | Office of Disease Prevention  
and Health Promotion

Law and Health Policy

# The Role of Law and Policy in Increasing the Use of the Oral Health Care System and Services

In case the GENDER-BIASED and/or UNEDUCATED and/or IMPROPERLY TRAINED agents of the STATE "DOH", "DHS", and "DSS" in charge of my "case management" are unaware, both federal funding and federal laws dictate that I should be covered by MEDICAID for my dental and oral health needs.

## Table of Contents

<b>Preface</b> .....	7
<b>Introduction</b> .....	9
Legal Background .....	14
Financing .....	14
Workforce .....	15
Utilization .....	16
<b>Financing of Oral Health Care</b> .....	17
Publicly Financed Oral Health Coverage .....	26
Medicaid .....	26
Coverage of Oral Health Services for Adults.....	27
Medicaid Delivery Systems .....	35
The Patient Protection and Affordable Care Act .....	38
<b>Government's Role in the Oral Health Workforce</b> .....	43
Approaches to Expanding Oral Health Access Through State Authorities.....	48
The Role of States in Improving Access to Oral Health through Practice Acts and New Models of Care.....	58
The Role of States in Improving Access to Oral Health Through Dental Public Health Authorities and State Oral Health Coalitions .....	61
<b>Challenges in Accessing Available Oral Health Care</b> .....	62
Transportation.....	63
Discrimination Based on Race, Color or National Origin, Disability, Age and Sex.....	72

Reports show "Americans who do not have access to preventive programs or those with the least access to preventive services and oral health treatment have greater rates of oral diseases," and that "a person's ability or willingness to access oral health care is associated with factors such as education level, income, race, and ethnicity." For example, this is evidenced by significant disparities in utilization: dental utilization increases with level of education and income ... Additionally, females of all ages utilize oral health care more than do males.

This disparity of utilization is considered from the perspective of policy, law, and regulation in science-based reports. Laws and policies affect payment for selected oral health services, the workforce involved in providing those services, and the barriers that may exist in accessing the oral health services.

Oral health is a condition of well-being. The World Health Organization's definition of oral health is "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."<sup>17</sup> It is the specific status of well-being in which a person is free of diseases of the mouth, and has all oral structures including teeth, gums, mouth lining, salivary glands, and taste buds working well and comfortably. Oral health also benefits esthetic appearance and associated capacity to express a wide range of facial emotions. A healthy mouth and dental appearance contribute to self-esteem, social acceptance, and employability.

This report focuses on oral health care and the things that make care possible: availability of financing to pay for care and a well-prepared workforce to deliver it. It also examines challenges that people face when trying to utilize available dental care. These challenges include cultural, language, transportation, and discrimination barriers that need to be addressed if oral health care is to be available to all.

**Medicaid adult coverage:** A joint federal/state program which provides health coverage for individuals who meet income eligibility and status requirements

Individuals determined to be "adults" who meet the specific eligibility requirements for their state.

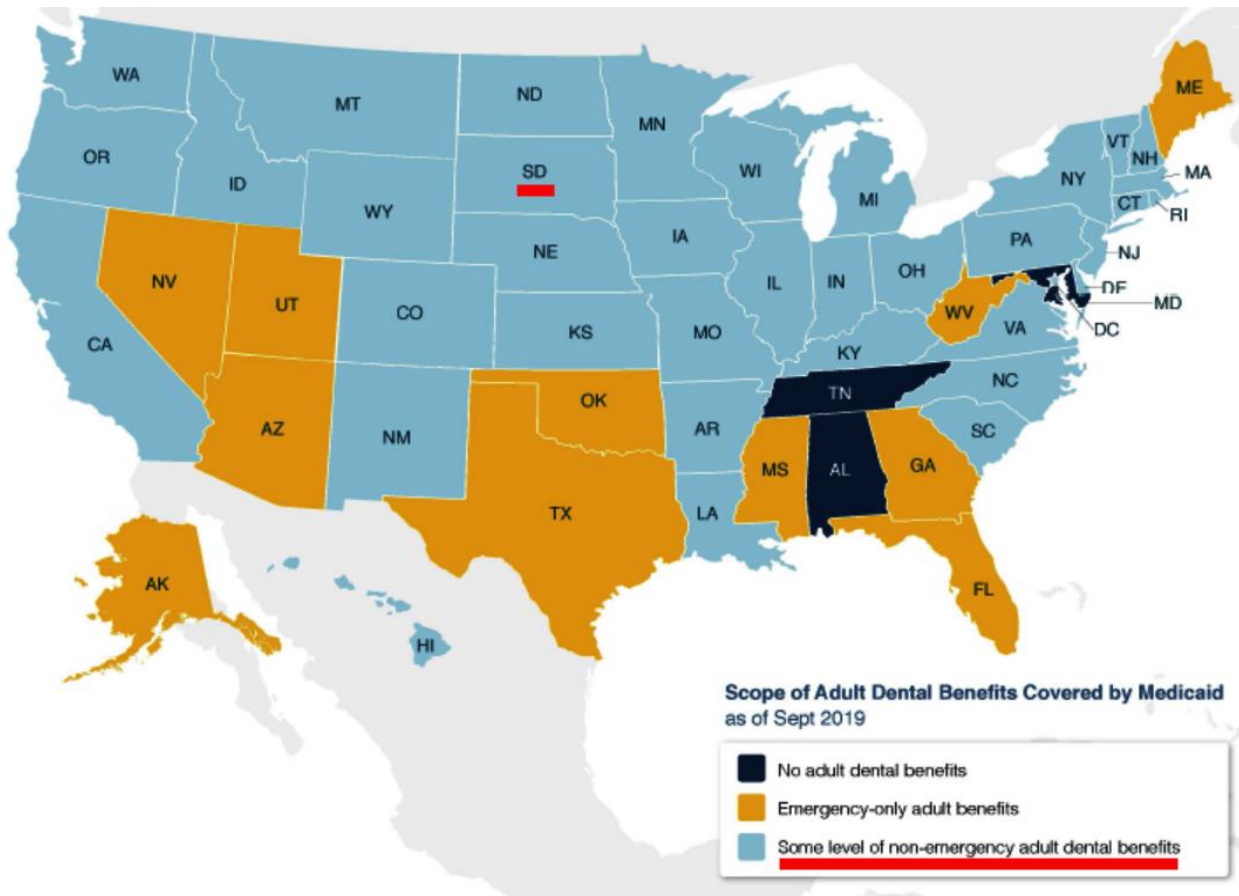
In "expansion" states, coverage is extended to non-disabled, non-pregnant adults with incomes up to 133% of the Federal Poverty Level.

**Medicare excludes coverage of most dental services, including "services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth.**

Prior to 2010, Medicaid was targeted to certain low-income population groups: children and their caretakers, people with disabilities, and older adults. The Affordable Care Act extended mandatory Medicaid coverage to non-pregnant, childless, non-elderly adults with incomes below 133% of the federal poverty level.

...

It is estimated that as of December 2017, 9.8 million adults have gained dental benefits as a result of Medicaid expansion.



The exclusion of adult oral health services from Medicaid coverage has adverse health consequences. For example, the lack of coverage has been associated with increased Medicaid spending to cover expensive and inefficient emergency room visits. A number of states are thus exploring ways to improve oral health access within their Medicaid programs.



States should ensure Medicaid recipients have transportation access



## **Discrimination Based on Race, Color or National Origin, Disability, Age, and Sex**

Title VI of the Civil Rights Act of 1964 (Title VI) and Section 1557 of the Affordable Care Act are federal laws that protect individuals from discrimination based on race, color, or national origin in programs and activities that receive federal financial assistance. Title VI applies to all programs receiving such assistance, and Section 1557 to health programs and activities receiving such assistance.<sup>329</sup> Oral health providers who receive federal financial assistance cannot deny services, provide different services or benefits, or otherwise discriminate against eligible individuals on the basis of race, color, or national origin.<sup>330</sup> Under some circumstances, failure to provide necessary language assistance to individuals with LEP can be discriminatory.<sup>331</sup> **Additional federal laws protect individuals from discrimination based on disability (including Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990), age (the Age Discrimination Act of 1975), and sex (Title IX of the Education Amendments of 1972); and many block grant statutes prohibit religious discrimination. In addition to prohibiting discrimination on the basis of race, color, and national origin in health programs and activities receiving federal financial assistance, Section 1557 also prohibits discrimination on the basis of age, sex, and disability in such programs.**

**The Office for Civil Rights (OCR) at HHS is charged with protecting these rights by educating individuals and providers about them and their related requirements, and investigating and enforcing these laws. These duties include ensuring that entities that receive federal financial assistance—such as oral health providers who receive federal financial assistance from HHS—comply with the civil rights laws mentioned above.**<sup>332</sup>

**IN DISCRIMINATORY FASHION, THE "WOMEN OF POWER" IN SOUTH DAKOTA – i.e., THOSE SPOTLIGHTED HEREIN AS DENYING ME MEDICAID AS A "TOTALLY AND PERMANENTLY DISABLED QUAD-AMPUTEE [WHITE MALE]" – ARE KNOWINGLY AND WILLINGLY ALSO TORTUOUSLY LEVYING "GUILT" UPON ME FOR THEIR COMPELLING ME TO ALSO "PAY DONATIONS" DIRECTLY TO THE STATE "TREASURY" FOR THE ONLY SERVICES THAT ARE SEPARATING ME FROM INSTITUTIONALIZATION IN A NURSING HOME – BEING "IN-HOME 'CHORE' SERVICES"**



DEPARTMENT OF HUMAN SERVICES  
Division of Long Term Services and Supports  
1300 North Avenue  
Spearfish, SD 57783  
PHONE: (605) 642-6981  
FAX: (605) 642-6907  
WEB: dhs.sd.gov



DIVISION OF LONG TERM SERVICES AND SUPPORTS  
Hillsview Plaza, 3800 East Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501-5070  
PHONE: (605) 773-3656 or  
1-866-854-5465  
WEB: dhs.sd.gov

April 30, 2021

David Schied  
PO Box 312  
Spearfish, SD, 57783

Dear David,

The service(s) you receive through the Division of Long Term Services and Supports (LTSS) assists you to maintain your independence within your home and in your local community. As discussed, you are asked to share in the cost of the services you receive. Your cost share is based on your income, the number of people in your household, allowable deductions, and the total cost of the services you receive.

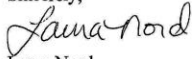
The services you currently receive through LTSS are homemaking, an emergency response system, and the purchase of an assistive device for bathroom safety.

The monthly cost of the services you receive is \$557.

The monthly amount of your cost share for the services you receive is \$45.

**NO PAYMENT IS DUE AT THIS TIME.** A monthly fee slip reflecting your obligation for the services you receive will be mailed to you or your chosen representative.

Sincerely,

  
Laura Nord  
LTSS Specialist

Cc: Consumer File

CID#: N/A

On top of all this, I am also mandated to pay for all of the cleaning supplies and even the sanitary gloves used by the CORPORATE "chore services worker".

David Schied  
PO Box 321  
Spearfish, SD 57783

June 1, 2021

Furthermore, the STATE has done NOTHING to provide me with "adaptive kitchen equipment" because I have no fingers for "cooking independence".

The in-home services you receive through Department of Human Services, Division of Long Term Services and Supports (LTSS) assist you to maintain your independence within your home and community. You are asked to share in the cost of the services you receive. Your cost share is based on your income, the number of people in your household, allowable deductions and the total cost of the services you receive.

In-Home Services Program Oversight ID#: 0000049028

Please pay the following cost share for services received from 5/01/21-5/31/21.

**\$45** Suggested Donation

Please send this form and your contribution in the enclosed envelope within 15 days of the date of this letter.

Please make checks payable to: **STATE TREASURER** and mail to: SD Department of Revenue, Anderson BLDG, Mail Code 5055, 445 Capitol Avenue, Pierre, SD 57501-1300.

**\*\* With current concerns related to the COVID-19 pandemic, some individuals have decided to temporarily reduce or pause their services. If this change or reduction in services is not reflected in your Monthly Fee above, please adjust accordingly and only contribute what you are able. If you have a mandatory fee and are unable to pay your cost share due to recent financial hardships, please do not hesitate to contact your assigned Long Term Services and Supports Specialist, Laura Charter, at 605-642-6981.**

Thank you for helping to offset the cost of providing services.

Enclosure

As shown above and below (on the next page), it is clear that the DHS' "LTSS SPECIALIST" Laura Nord confuses the term "discussed" with "imposed". The FACT is that these **DISCRIMINATORY "cost-share" charges were never "discussed" in any terms whatsoever of fully informing me – or by obtaining my fully-informed "consent" – about my being responsible for "home chore services" costs that should otherwise be covered – AND WERE PREVIOUSLY COVERED BY "MEDICAID" IN MICHIGAN BEFORE I MOVED HERE TO SOUTH DAKOTA – under MEDICAID.**

**If I did not have anyone to assist me in food preparation, washing dishes, vacuuming, washing and folding clothes, and driving me to the store – even for the measly four (4) hours per week that Laura Nord/Charter authorized (this after initially deciding upon just two hours weekly as articulated in a RECORDED phone conversation) – I would be left NO CHOICE but to be forced back to the institutional setting of a NURSING HOME.**

**THIS MEANS THAT I AM LITERALLY FUNCTIONING AT A "NURSING HOME 'LEVEL OF CARE'", as I have been ever since leaving the hospital after my amputations.**





DIVISION OF LONG TERM SERVICES AND SUPPORTS  
Hillsview Plaza, 3800 East Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501-5070  
PHONE: (605) 773-3656 or  
1-866-854-5465  
WEB: [dhs.sd.gov](http://dhs.sd.gov)

David Schied  
PO Box 321  
Spearfish, SD 57783

July 1, 2021

The in-home services you receive through Department of Human Services, Division of Long Term Services and Supports (LTSS) assist you to maintain your independence within your home and community. You are asked to share in the cost of the services you receive. Your cost share is based on your income, the number of people in your household, allowable deductions and the total cost of the services you receive.

In-Home Services Program Oversight ID#: 0000049028

Please pay the following cost share for services received from 6/01/21-6/30/21.

**\$41** Suggested Donation

Please send this form and your contribution in the enclosed envelope **within 15 days of the date of this letter.**

Please make checks payable to: **STATE TREASURER** and mail to: SD Department of Revenue, Anderson BLDG, Mail Code 5055, 445 Capitol Avenue, Pierre, SD 57501-1300.

**\*\* With current concerns related to the COVID-19 pandemic, some individuals have decided to temporarily reduce or pause their services. If this change or reduction in services is not reflected in your Monthly Fee above, please adjust accordingly and only contribute what you are able. If you have a mandatory fee and are unable to pay your cost share due to recent financial hardships, please do not hesitate to contact your assigned Long Term Services and Supports Specialist, Laura Charter, at 605-642-6981.**

Thank you for helping to offset the cost of providing services.

Enclosure



DIVISION OF LONG TERM SERVICES AND SUPPORTS  
Hillsview Plaza, 3800 East Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501-5070  
PHONE: (605) 773-3656 or  
1-866-854-5465  
WEB: [dhs.sd.gov](http://dhs.sd.gov)

David Schied  
PO Box 321  
Spearfish, SD 57783

August 1, 2021

The in-home services you receive through Department of Human Services, Division of Long Term Services and Supports (LTSS) assist you to maintain your independence within your home and community. You are asked to share in the cost of the services you receive. Your cost share is based on your income, the number of people in your household, allowable deductions and the total cost of the services you receive.

In-Home Services Program Oversight ID#: 0000049028

Please pay the following cost share for services received from 7/01/21-7/31/21.

**\$41** Suggested Donation

Please send this form and your contribution in the enclosed envelope **within 15 days of the date of this letter.**

Please make checks payable to: **STATE TREASURER** and mail to: SD Department of Revenue, Anderson BLDG, Mail Code 5055, 445 Capitol Avenue, Pierre, SD 57501-1300.

**\*\* With current concerns related to the COVID-19 pandemic, some individuals have decided to temporarily reduce or pause their services. If this change or reduction in services is not reflected in your Monthly Fee above, please adjust accordingly and only contribute what you are able. If you have a mandatory fee and are unable to pay your cost share due to recent financial hardships, please do not hesitate to contact your assigned Long Term Services and Supports Specialist, Laura Charter, at 605-642-6981.**

Thank you for helping to offset the cost of providing services.

Enclosure

Majorly important is the **FACT** that while Laura Nord/Charter introduced herself to me as a **"LTSS SPECIALIST"**, her DHS, DSS, and DOH coworkers of the STATE tell me that she is otherwise **"['my' disability] caseworker"**. In other words, **she is supposed to be "go-to" person for me as well as the single agent responsible** (i.e., acting on behalf of each **"principal"**, being the **"SECRETARIES"** for the DOH, DHS, and DSS) **for comprehensively evaluating ALL of my "disability needs" as a "totally and permanently disabled quad-amputee"**. **Yet she has never directly informed me of such.**

Is this because, like her **GENDER BIASED** associates of **Mary Rea** and **Leslie Lowe**, she comes from a background **INEXPERIENCED** with **"totally and permanently disabled quad-amputee"** and otherwise focused upon males as potential violent rapists and disease-spreading sexual-predators?

Whatever the answer, the bottom line resulting from Laura Nord/Charter's unilateral decision that I should be **STRIPPED OF THE MEDICAID THAT I CARRIED HERE WITH ME FROM MICHIGAN** is that, as a result, I am being hit financially on all sides; and being increasingly turned into a **"debt slave"** to **"INVOLUNTARY SERVITUDE"** and threats (including threats of lawsuits by private debt collectors) against my good credit history and personal and financial reputation with each passing week without **MEDICAID** coverage for my **"choice"** in pursuing these doctor-prescribed, medically necessary **services** and **durable products**.



Below are just some of the latest examples in which my Rights under the THIRTEENTH AMENDMENT are being compromised by Laura Nord/Charter and her coworkers as “agents and principals” of the STATE OF SOUTH DAKOTA – by stripping away the MEDICAID that I otherwise had when I entered this STATE reporting myself to be a “CRIME VICTIM” and seeking this STATE’s help as “REFUGEE”; and replacing that “nursing home level of care” financial umbrella with “leg irons” of accumulating DEBT ... without properly assessing the FACT that I am STRICTLY, and have been since my near death resulting amputations, a “BENEFICIARY” of the WELFARE SYSTEM and NOT A “TAXPAYER”, because my monthly SOCIAL SECURITY “benefits” ARE NOT “TAXABLE” (as I already paid taxes on this money already decades ago as an American laborer).

Furthermore, since the near loss of my life and the amputations of my two legs and all but the weakest finger on my “nondominant” left hand, NOBODY (either in Michigan or S. DAKOTA) has conducted an assessment for my VOCATIONAL REHABILITATION – which is otherwise essential to providing me with LEGALLY REQUIRED proper placement in the American workforce IF I AM EXPECTED TO BE PAYING OUT ANYTHING IN “DEBT REPAYMENT” AT ALL. Anything short of this is deemed as THIRTEENTH AMENDMENT VIOLATIONS and the COERCION of my Rights to government by “CONSENT OF THE GOVERNED” and to ONLY “VOLUNTARY” SERVITUDE by exercise of my own private Right to establish my own CONTRACTS (rather than to have them forcibly imposed upon me by “service providers” and other CORPORATIONS tending to my medically necessary “health care needs”).

### 13th Amendment

Section 1. Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction.

Section 2. Congress shall have power to enforce this article by appropriate legislation.



Jonathan Swift

For in reason, all government without the consent of the governed is the very definition of slavery.

AZ QUOTES

***"FORCED DEBT" BY MEDICALLY NECESSARY "PHYSICAL THERAPY"***

Black Hills Physical Therapy  
**Patient Balance Detail**

Schied, David - ID#: 1900

As of July 30, 2021

Service Date	Code	Procedure	Charges	Adjustments	Insurance Pmt	Patient Pmt	Total Balance	Pending Ins	Pat Balance
06/17/2021	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	135.00	53.32	65.34	-	16.34	-	16.34
06/17/2021	97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements fro	135.00	34.25	80.60	-	20.15	-	20.15
06/17/2021	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	108.00	62.16	36.67	-	9.17	-	9.17
06/17/2021	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	135.00	-	-	-	135.00	135.00	-
06/22/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	236.00	115.19	96.65	-	24.16	-	24.16
06/25/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	177.00	83.47	74.82	-	18.71	-	18.71
06/25/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	29.76	20.99	-	5.25	-	5.25
06/29/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	118.00	51.75	53.00	-	13.25	-	13.25
06/29/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	112.00	59.52	41.98	-	10.50	-	10.50
07/02/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	118.00	51.75	53.00	-	13.25	-	13.25
07/02/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	29.76	20.99	-	5.25	-	5.25
07/06/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	118.00	51.75	53.00	-	13.25	-	13.25

7/30/2021 11:44:09 AM

1 of 2

Service Date	Code	Procedure	Charges	Adjustments	Insurance Pmt	Patient Pmt	Total Balance	Pending Ins	Pat Balance
07/06/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	29.76	20.99	-	5.25	-	5.25
07/09/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	59.00	20.03	31.18	-	7.79	-	7.79
07/09/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	29.76	20.99	-	5.25	-	5.25
07/09/2021	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	48.00	25.08	18.34	-	4.58	-	4.58
07/09/2021	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	50.00	28.65	17.08	-	4.27	-	4.27
07/16/2021	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	96.00	-	-	-	96.00	96.00	-
07/16/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	59.00	-	-	-	59.00	59.00	-
07/16/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	-	-	-	56.00	56.00	-
07/23/2021	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	59.00	-	-	-	59.00	59.00	-
07/23/2021	97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	56.00	-	-	-	56.00	56.00	-
07/23/2021	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	48.00	-	-	-	48.00	48.00	-

UNAPPLIED PAYMENTS

<b>GRAND TOTAL</b>	<b>2,147.00</b>	<b>755.96</b>	<b>705.62</b>	<b>-</b>	<b>685.42</b>	<b>509.00</b>	<b>176.42</b>
7/30/2021 11:44:09 AM							2 of 2

**AS A DOUBLE BELOW-THE-KNEE (“BKN”) AMPUTEE, I WILL HAVE NEEDS FOR THE REST OF MY LIFETIME, FOR THE AID OF A CERTIFIED “PROSTHETIST” FOR ENSURING PROPER ACQUISITION FITTING OF BOTH ARTIFICIAL LEGS; AND A DERMATOLOGIST FOR PROPER SKIN CARE AND PREVENTION OF SKIN DISEASES RELATED TO THE WEARING AND USAGE OF THESE ARTIFICIAL DEVICES**

These medical professionals do NOT work for me for FREE; and MEDICARE does not pay but 80% of the costs associated with expensive evaluations and treatments for prosthetic-related skin diseases, and the costs of measuring, manufacturing, and fitting maintenance as the human body undergoes regular physical changes over the regular course of days, weeks, months, and years. MEDICAID, therefore, is absolutely needed for anyone such as me who is poor and elderly, without the financial means for addressing these medically necessary treatments.

During my first year with prosthetics, I found out the hard way that failure to deal with poor fitting prosthetics and/or failure to deal with skin diseases associated with skin contact and normal sweating within my prosthetic legs can easily render me UNABLE TO WEAR THE PROSTHETIC LEGS AT ALL FOR WEEKS OR MONTHS. In fact, besides ugly, deep, and painful sores breaking out on my skin, at one time MRSA (Methicillin-Resistant Staphylococcus Aureus) developed, sending me to the hospital for over a week.



## Methicillin-resistant *Staphylococcus aureus* (MRSA)

*Staphylococcus aureus* (staph) is a type of bacteria found on people's skin.

Staph bacteria are usually harmless, but they can cause serious infections that can lead to sepsis or death.

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a cause of staph infection that is difficult to treat because of resistance to some antibiotics.

Staph infections—including those caused by MRSA—can spread in hospitals, other healthcare facilities, and in the community where you live, work, and go to school.

You can help prevent infections and stop the spread of MRSA.





> Arch Phys Med Rehabil. 2005 Apr;86(4):659-63. doi: 10.1016/j.apmr.2004.09.003.

## **Dermatologic conditions associated with use of a lower-extremity prosthesis**

Nancy L Dudek <sup>1</sup>, Meridith B Marks, Shawn C Marshall, Jodi P Chardon

Affiliations + expand

PMID: 15827914 DOI: 10.1016/j.apmr.2004.09.003

### **Abstract**

**Objectives:** To document the frequency of skin problems among lower-limb prosthesis users and to assess for factors associated with skin problems among patients using a prosthesis.

**Design:** Six-year retrospective chart review.

**Setting:** An outpatient amputee clinic at a regional, referral rehabilitation hospital in Canada.

**Participants:** Seven hundred forty-five subjects with a total of 828 lower-extremity amputations participated. Subjects were included if they had a lower-extremity amputation and used a prosthesis for ambulation or transfers.

**Interventions:** Not applicable.

**Main outcome measures:** The presence or absence of a skin problem. Descriptive and nonparametric statistics were used to analyze data.

**Results:** Three hundred thirty-seven residual limbs (40.7%) had at least 1 skin problem. Adjusted odds ratios showed that amputation level, being employed, type of walking aid, and absence of peripheral vascular disease (as a comorbidity) were independently associated with the presence of at least 1 skin problem ( $P < .05$ ). **CONCLUSIONS:** Dermatologic conditions are a frequent complication for the lower-extremity amputee who uses a prosthesis. The results suggest that more active amputees have an increased risk for developing skin problems. Further study in this area is warranted.

### **Similar articles**

#### **Skin problems in an amputee clinic.**

Dudek NL, Marks MB, Marshall SC.

Am J Phys Med Rehabil. 2006 May;85(5):424-9. doi: 10.1097/01.phm.0000214272.01147.5a.

PMID: 16628149

#### **Determinants of skin problems of the stump in lower-limb amputees.**

Meulenbelt HE, Geertzen JH, Jonkman MF, Dijkstra PU.

Arch Phys Med Rehabil. 2009 Jan;90(1):74-81. doi: 10.1016/j.apmr.2008.07.015.

PMID: 19154832

#### **Skin problems of the stump in lower limb amputees: 1. A clinical study.**

Meulenbelt HE, Geertzen JH, Jonkman MF, Dijkstra PU.

Acta Derm Venereol. 2011 Mar;91(2):173-7. doi: 10.2340/00015555-1040.

PMID: 21290085

#### **Skin problems in lower limb amputees: an overview by case reports.**

Meulenbelt HE, Geertzen JH, Dijkstra PU, Jonkman MF.

J Eur Acad Dermatol Venereol. 2007 Feb;21(2):147-55. doi: 10.1111/j.1468-3083.2006.01936.x.

PMID: 17243947 Review.

#### **Rehabilitation of the older vascular amputee: a review of the literature.**

Fleury AM, Salih SA, Peel NM.

Geriatr Gerontol Int. 2013 Apr;13(2):264-73. doi: 10.1111/ggi.12016. Epub 2012 Dec 26.

PMID: 23279009 Review.

[See all similar articles](#)

**THE ONLY REASON THAT I CAN TOILET MYSELF WITH PROPER HYGIENE – GIVEN THAT I HAVE NO FINGERS TO “WIPE” WITH, IS BECAUSE I HAVE INSTALLED A CHEAP “BIDET” ON THE TOILET SEAT (at my cost). THIS IS LIMITING AS FAR AS HOW FAR AWAY I CAN COMFORTABLY TRAVEL, AND FOR HOW LONG, AWAY FROM MY “HOME” ENVIRONMENT.**

## Bidet Toilet Seats for Amputees - A Match Made in Heaven

BidetKing • Oct 11, 2018



Here at BidetKing, we strongly feel that bidet seats are the perfect toileting solution for amputees. Self toileting is one of the biggest concerns for people with upper limb amputations, but not always easy to achieve.

Here at BidetKing, we strongly feel that [bidet seats](#) are the perfect toileting solution for amputees. Self toileting is one of the biggest concerns for people with upper limb amputations, but not always easy to achieve.

Traditional toileting solutions for amputees are clunky, and often crude or uncomfortable. Using one's heel to wipe, placing toilet paper on the edge of the seat to straddle, using reach extenders or other specialty tools that involve wads of toilet paper. None of these solutions are particularly effective for good hygiene and require good balance, dexterity, and flexibility. Having a caregiver around to clean you up after using the toilet is effective, but doesn't achieve toileting independence.





"While it is occasionally acceptable to consent to being fed by someone else, it is degrading and destructive of self confidence for an individual to have to be cared for in the most intimate of activities, toileting. This aspect is frequently ignored by members of the rehabilitation team because toileting activities are considered "dirty"."

[http://www.oandplibrary.org/poi/pdf/1980\\_01\\_029.pdf](http://www.oandplibrary.org/poi/pdf/1980_01_029.pdf)

Bidet seats are no doubt the best solution for those who have had an upper limb removed. They can provide a hands-free toileting experience—perfect for someone with no hands! At BidetKing, we work with several VA Hospitals' Prosthetic Departments to aid patients with their individual needs. Their occupational therapists have found that bidet seats work great for their disabled veterans' toileting needs.

With a bidet seat, true toileting independence can be achieved. Bidet toilet seats are capable of doing all the hard work thoroughly and precisely. At the press of a button, a bidet seat will cleanse the user with a jet of warm, aerated water. The spray is comfortable and will clean the user much more effectively than wiping with toilet paper. Once clean, the bidet seat can then dry the user with a warm air drying system that takes a few minutes. No contorting, special reach tools, or caregivers needed. Other features include adjustable nozzles, different spray modes, heated seat, and many other functions.

So what are the best bidet seats for amputees? With amputees, especially bilateral amputees, you want a seat that provides:

- an effective cleanse with as few button presses as possible
- a wireless remote control with big enough buttons that can be pressed with feet/toes if needed
- an effective dryer
- a durable seat

In our opinion, the 3 best bidet seats that meet this criteria are the Alpha JX, Bio Bidet BB-1000, and the Brondell Swash 1400.

Here is a breakdown as to why:

**EVEN THOUGH "MEDICARE" PAYS EIGHTY PERCENT (80%) OF MY DOCTOR APPOINTMENTS, I STILL NEED "MEDICAID" TO PAY THE OTHER TWENTY PERCENT (20%) THAT IS STILL TOO MUCH FOR MY "INABILITY TO PAY"**



**Guarantor Name:** David E Schied  
**Guarantor ID:** 366601

#### Summary (as of 7/15/2021)

<b>Total Charges:</b>	\$3,013.67
<b>Insurance &amp; Adjustments:</b>	- \$2,382.65
<b>Previously Paid:</b>	- \$0.00

<b>AMOUNT DUE</b>	<b>\$631.02</b>
Upon Receipt	

## Your Statement

Thank you for choosing Monument Health for your healthcare needs. At Monument Health, we're committed to you, your health, your wellness and providing the best care possible for you & your loved ones. If you have any questions regarding this billing statement, please call the Customer Service Department at (605) 755-2455 or (844) 641-5134. Our caregivers are available to assist you Monday-Friday 8 a.m. to 4:30 p.m.

### Payment Arrangement Required

Partial payments made towards your outstanding balance will not stop the collections process unless you have made a payment arrangement with us. If you are unable to pay in full, please call our caregivers at (605) 755-2455 or (844) 641-5134 to set up a plan.



Pay and Enroll in Paperless Billing  
<https://mychart.monumenthealth>



**Make Payments Securely**  
**Set Up Automatic Payments**  
**Enroll in eStatements**





# Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 15

DAVID E SCHIED  
SPEARFISH, SD 57783-7825

## Notice for David E Schied

Medicare Number 2TT2JV4AD25

Date of This Notice July 16, 2021

Claims Processed April 23 -  
Between July 16, 2021

## Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met your \$203.00 deductible for 2021.

## Be Informed!

Medicare covers the COVID-19 vaccine at no cost to you. Bring your Medicare card so your health care provider or pharmacy can bill Medicare. Visit [Medicare.gov](https://www.medicare.gov) to learn more. Contact your local health department for more information on COVID-19 vaccines in your area.

## Your Claims & Costs This Period

Did Medicare Approve All Services? NO

Number of Services Medicare Denied 12

See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the last page for how to handle a denied claim.

**Total You May Be Billed \$1,214.71**

## Providers with Claims This Period

April 5 - June 17, 2021  
Monument Health Network Inc

May 6 - May 12, 2021  
Geib Elston Frost Prof Assn

May 11 - June 22, 2021  
Kathryn O Halvala OD PLLC

June 9, 2021  
Monument Health Rapid City

June 17 - June 29, 2021  
Matson Therapy LLC

None of these expected "billing" charges to me directly even include my costs for the MEDICARE "deductible" amount that must even be paid FIRST.

How to the "Women of Power" in the government of SOUTH DAKOTA expect a male "totally and permanently disabled quad-amputee" to pay for any of this?

Can they prove "ability to pay" and/or justify their determination that "I do not qualify" for MEDICAID based upon their own WARPED determination "needed level of care"?

Or are they indeed treating me DISCRIMINATINGLY and with GENDER BIAS while viewing me through their own skewed lenses as some type of violent male with a sexually transmittable disease?



# Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

Page 1 of 9

DAVID E SCHIED  
SPEARFISH, SD 57783-7825

## Notice for David Schied

Medicare Number 2TT2JV4AD25

Date of This Notice July 16, 2021

Claims Processed April 24 -  
Between July 16, 2021

## Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met your \$203.00 deductible for 2021.

## Your Claims & Costs This Period

Did Medicare Approve All Services? YES

See page 2 for how to double-check this notice.

**Total You May Be Billed \$468.73**

## Providers with Claims This Period

April 05 - June 17, 2021  
Monument Health Network Inc

June 09, 2021  
Monument Health Rapid City Hosp

**JUST THREE YEARS POST-AMPUTATIONS – AND WHILE STILL LEARNING HOW TO WALK (WITH PROSTHETICS), AND STILL WITHOUT A PAYING JOB, AND STILL WITHOUT ANY ASSETS OR EVEN PROPER “VOCATIONAL REHABILITATION” – THE STATE OF SOUTH DAKOTA IS REFUSING ALSO TO ASSIST ME IN WHAT MUST BE PAID IN PRESCRIPTION CO-PAYS**

Member ID: EIC4336446 EOB Month/Year: June 2021

Page: 5

**SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)**

We're including this section to help you keep track of your "out-of-pocket costs" and "total drug costs" because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

<p><b>Your "out-of-pocket costs"</b></p> <p>\$1.57 month of June, 2021</p> <p>\$200.91 year-to-date (since January, 2021)</p>	<p><b>Your "total drug costs"</b></p> <p>\$1.57 month of June, 2021</p> <p><b>\$200.91 year-to-date (since January, 2021)</b></p>
<p><b>DEFINITION:</b></p> <p><b>"Out of pocket costs" includes:</b></p> <ul style="list-style-type: none"> <li>• What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)</li> <li>• Payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities, and most State Pharmaceutical Assistance Programs (SPAPs).</li> </ul> <p><b>It does not include:</b></p> <ul style="list-style-type: none"> <li>• Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.</li> <li>• Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran's Administration; Worker's Compensation; and some other programs.</li> </ul>	<p><b>DEFINITION:</b></p> <p><b>"Total drug costs" is the total of all payments made for your covered Part D drugs. It includes:</b></p> <ul style="list-style-type: none"> <li>• What the plan pays.</li> <li>• What you pay.</li> <li>• What others (programs or organizations) pay for your drugs.</li> </ul>



**THE SOUTH DAKOTA ATTORNEY GENERAL – CURRENTLY BEING TRIED AS A CRIMINAL HIMSELF FOR A HIT-AND-RUN KILLING OF A PEDESTRIAN – HAS ALSO BEEN DERELICT IN REFUSING TO ADDRESS MY CLAIMS OF “CRIMINAL VICTIMIZATION” (INCLUDING BEING CRIMINALLY “EVICTED” IN THE STATE OF MICHIGAN DURING A FEDERAL “EVICTION MORATORIUM” ORDERED BY THE U.S. CONGRESS), AND BEING A BONA FIDE “REFUGEE” FROM THE CORRUPT “STATE OF MICHIGAN”).**

As shown in the early pages of this correspondence, I wrote an open letter dated 3/28/21 to SOUTH DAKOTA *principals* (Kristi Noem and Jason Revnsborg) informing them that I am both a CRIME VICTIM and a REFUGEE from the STATE OF MICHIGAN. This same letter was also sent my two local STATE “*legislative representatives*” Scott Odenbach and Mary Fitzgerald. Yet, **NONE of these STATE “officials” bothered to answer my pleas.**

3/28/2021

Spearsfish, SD 57783  
605-580-5121  
(all calls recorded)

To:

Kristi Noem, GOVERNOR  
SOUTH DAKOTA OFFICE OF THE  
GOVERNOR  
500 East Capitol Ave.  
Pierre, SD 57501

Jason Revnsborg, ATTORNEY GENERAL  
OFFICE OF THE SOUTH DAKOTA ATTORNEY GENERAL  
1302 E Hwy 14, Suite 1  
Pierre, SD 57501-8501

Mike Rounds, UNITED STATES SENATOR  
SENATE COMMITTEE ON BANKING,  
HOUSING, AND URBAN AFFAIRS  
1313 W Main St.  
Rapid City, SD 57701

Dusty Johnson, S. DAKOTA REPRES. TO CONGRESS  
Sponsor of H.J.Res. 19: Repeal of CONSTI. AMEND. XXIII  
2525 W Main Street, Suite 310  
Rapid City, SD 57702

Scott Odenbach, DISTRICT 31 HOUSE OF REPRES.  
HOUSE EDUCATION and HOUSE JUDICIARY Member  
SOUTH DAKOTA LEGISLATURE (LAWRENCE COUNTY)  
P.O. Box 998  
Spearsfish, SD 57783  
[Scott.Odenbach@sdlegislature.gov](mailto:Scott.Odenbach@sdlegislature.gov)

Mary Fitzgerald, DISTRICT 31 HOUSE OF REPRES.  
HOUSE and JOINT COMMITTEE(s) Member  
SOUTH DAKOTA LEGISLATURE (LAWRENCE COUNTY)  
P.O. Box 341  
Spearsfish, SD 57783  
[Mary.Fitzgerald@sdlegislature.gov](mailto:Mary.Fitzgerald@sdlegislature.gov)

**RE: Request to investigate crimes against totally and permanently disabled quad-amputee; Request to provide crime victim services; Request to assist with a report of malfeasance and gross negligence by STATE (OF MICHIGAN) and UNITED STATES agencies (U.S. DEPT. OF HEALTH AND HUMAN SERVICES, and U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT, and U.S. DEPT. OF JUSTICE, including also the USDOJ OFFICE OF CIVIL RIGHTS and INSPECTOR GENERAL Horowitz)**

Dear South Dakota State Administrators, Legislators, and Congressional Representatives:

**I am writing to all of you today as a 63-year old “refugee” of the ultra-corrupt STATE OF MICHIGAN. I speak not from conjecture but from seventeen (17) solid years of personal experience living in that government “swamp” surrounded by cesspools. I am writing to you because you need to be aware of who I am, where I am from, what I am doing here now, where I intend to go from here, and how it involves all of you in one way or another whether you like it or not.**



**Less than one month before I was CRIMINALLY EVICTED – because my landlord who was married to a STATE BAR attorney and was attempting to hammer through a shady CORPORATE “land development deal” with the local city officials looking the other way in the CORRUPT STATE OF MICHIGAN – I was informing as many people as possible that I was being criminally victimized, even the local medical professionals who were supposed to be caring for my physical and emotional welfare.**

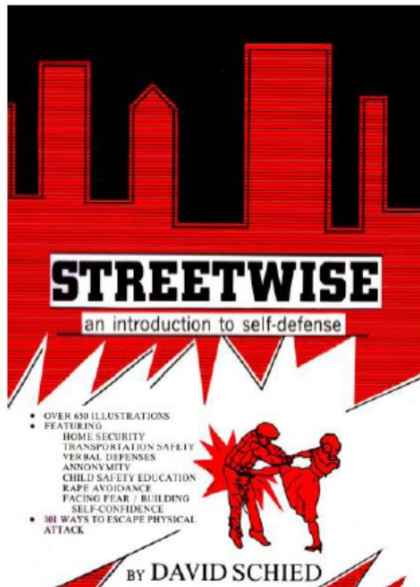
*This was reported as a crime victim*

## Social Determinants of Health Screening

PATIENT NAME Dan Schied DATE 1/25/21

Question	Circle one answer			
In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
In the last 12 months did you skip medications to save money?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
In the last 12 months, have you ever had to go without health care because you didn't have a way to get there?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
In the last 12 months did you ever eat less than you felt you should because there wasn't enough money for food?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you have the household supplies you need? Things like clothes, shoes, blankets, mattresses, diapers, toothpaste, and shampoo?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do problems caring for children or other family members make it difficult for you to work or study?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you want help finding or keeping work or a job?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED, or equivalent?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Are you worried that in the next 2 months you may not have stable housing?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you feel physically and emotionally safe where you currently live?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you often feel lonely?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Not Applicable	<input type="radio"/> Decline to answer
Do you want help with any of your needs?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>No one ever helped</b>	
Are any of your needs urgent?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>No one cared</b>	

It is to be noted that I had been involved in “*crime victims’ rights advocacy*” since 1982 as a self-defense expert, book author, and USA Olympic Team supporter; and since 1986 as a **FOUNDING BOARD MEMBER** to the **COALITION ON VICTIMS’ EQUAL RIGHTS (C.O.V.E.R.)** founded by Doris Tate, mother of the Charles Manson murdered actress Sharon Tate in the **STATE OF CALIFORNIA**. C.O.V.E.R. was a national nonprofit organization that was instrumental in getting the **VICTIMS OF CRIME ACT (OF 1984)** implemented in virtually all of the **STATES** of the United States of America.



**C.O.V.E.R.**  
Coalition on Victim's Equal Rights  
P.O. Box 14250 • San Luis Obispo, Ca. 93405-4250

To whom it may concern,

This letter of support is written in recognition of the crime prevention efforts by Mr. David Schied. Mr. Schied has had an affiliation with C.O.V.E.R. since early in our beginnings. He was elected to our board of advisors in our first year of growth, and continues to be a supporting member of our organization. David has participated in board meetings and fundraisers with associated crime victims organizations. He has also heartily contributed his time and energy to help bring about legislative changes to our system of government with regard to the rights of crime victims.

In addition, the Coalition on Victims Equal Rights proudly endorses *Safe at Last*, the book authored by David Schied. This book truly is "the manual for home security and personal protection". It is concisely written and fully illustrated for easy reading and understanding. Most importantly, those who read *Safe at Last* increase dramatically their own potential to avoid becoming a victim. This book definitely reflects the knowledge, the dedication and the integrity of it's author. We applaud the efforts of David Schied to do much more than his share to stop crime and to assist the victims of his community.

Sincerely yours,

*Doris H. Tate*

Founder / Past President - Doris Tate

A 501(c)(3) non-profit dedicated to public awareness, community education, institution and crime reduction





Now in 2021, “*U.S. PRESIDENT*” Joe Biden has signed yet another bill from CONGRESS adding even more money to the coffers of the STATES’ “**CRIME VICTIM FUND**”; yet nobody from this STATE OF SOUTH DAKOTA – most particularly the STATE ATTORNEY GENERAL Jason Revnsborg – is considering helping me as a bona fide “*crime victim*”.



## President Biden signs bill to boost funds for crime victim services

BY AUSTIN LANDIS | WASHINGTON, D.C.  
PUBLISHED 3:44 PM ET JUL. 22, 2021

President Joe Biden signed into law Thursday a bill to replenish a fund that serves victims of domestic violence, sexual assault and other abuse, after the legislation passed the Senate Tuesday 100-0.

---

### What You Need To Know

- President Joe Biden signed into law Thursday a bill to replenish a fund that serves victims of domestic violence, sexual assault and other abuse
- The legislation passed the Senate 100-0 and was supported by a large bipartisan group of senators
- The VOCA Fix Act redirects most fees from criminal prosecutions to the Crime Victims Fund, which is used to support thousands of state programs across the country
- Biden called Tuesday a "day of hope" and thanked victim services workers on the front lines, calling on Congress to also reauthorize the Violence Against Women Act

---

The VOCA Fix Act restores millions of dollars in funds first approved in the Victim of Crimes Act of 1984. It will add a new source of revenue to the fund and boost the amount of federal funding allowed to compensate state programs.



This lack of any caring response to my report of being CRIMINALLY VICTIMIZED as a “totally and permanently disabled quad-amputee” – from “principals and agents” of the STATE OF SOUTH DAKOTA – is downright shameful. Is this being done because of the exercise of “Critical Race Theory” imagining that a “white male” cannot possibly be a “victim” but only is to be viewed as a dominant and controlling “oppressor” or “victimizer” instead?

## Telling Stories Out of School: An Essay on Legal Narratives

Daniel A. Farber\*  
and Suzanna Sherry\*\*

...

### I. STORYTELLING IN A “DIFFERENT VOICE”

The body of literature asserting that women and people of color have unique perspectives to contribute to legal scholarship is vast and growing rapidly. Feminist legal scholars who embrace this view often speak of women’s “different voice,” harkening back to Carol Gilligan’s groundbreaking book, *In a Different Voice*.<sup>9</sup> Prominent scholars of color who believe that there is a distinctive “voice of color” have often denominated their own scholarship “critical race theory.” Because different voice feminists and critical race theorists have much in common, we will refer to both groups collectively as “different voice” scholars, differentiating among them as necessary.<sup>10</sup>



Critical race expert Ibram X. Kendi has proposed the creation of a federal Department of Antiracism.

Why is STATE ATTORNEY GENERAL Jason Revnsborg refusing to help me as a bona fide “crime victim”? Could it be that Jason Revnsborg himself is a criminal perpetrator of negligent homicide and/or “hit-and-run” with his car?



## Hit-and-run South Dakota AG who told cops he thought he'd hit a deer faces calls to resign as it's revealed his victim's FACE came through windscreen and his glasses were left on passenger seat

- South Dakota Attorney General Jason Ravensborg, 44, is facing calls to resign
- He faces three misdemeanor charges for a hit and run on September 12 in which 55-year-old Joseph Boever was killed
- The AG had initially told cops he believed he had hit a deer in the crash
- Yet newly released video evidence revealed cops told Ravensborg how Boever had smashed through the windscreen
- Investigators added that the victim's glasses had been left on a car seat
- Gov. Kristi Noem said she believed Ravensborg should resign and impeachment proceedings begin in the state Legislature
- Ravnsborg has indicated that he has no intention of stepping aside

By FRANCES MULRANEY FOR DAILYMAIL.COM and WIRES

PUBLISHED: 09:50 EDT, 25 February 2021 | UPDATED: 11:36 EDT, 25 February 2021

### South Dakota Attorney General Jason Ravensborg hit and killed Joseph Boever

On September 12, 2020, South Dakota Attorney General Jason Ravensborg hit and killed a pedestrian on a rural highway in the middle of the night. The death of Joseph Boever, 55, has made national and international headlines and has been followed by numerous high-powered news agencies, including the Argus Leader,<sup>i</sup> CBS,<sup>ii</sup> Fox News,<sup>iii</sup> the Independent,<sup>iv</sup> the New York Daily News,<sup>v</sup> The New York Post,<sup>vi</sup> NPR,<sup>vii</sup> The South Dakota Standard,<sup>viii</sup> and USA Today.<sup>ix</sup>

The ghoulish and shocking details of the fatal crash continue to emerge while the country watches with rapt attention. The case and the Attorney General himself are currently under investigation and close scrutiny by all who demand answers to unsettling questions.



The detectives pressed Ravensborg on whether he was distracted when he hit Boever.

After he said he was not using his phone before the crash, they confronted him with phone records, telling him they show he logged into his Yahoo email account and accessed a news website minutes before he called 911 to report the crash.

'So, when we look at that, our concern is everything we are seeing here is it's appearing you were on your phone reading political stuff at the time,' the detective told Ravensborg, adding, 'People make mistakes.'

They pointed out that he had previously been called out for using Twitter while driving in the Black Hills, but Ravensborg insisted that he had set the phone down before he hit Boever.

He said the last thing he remembered before the crash was turning off the radio and looking down at the speedometer.



South Dakota Governor Kristi Noem, pictured, released three hours of interview with Ravensborg on Tuesday night

Or might it instead be that Ravensborg employs government “officials” in his office that are just as grossly negligent as he appears to be, himself?

I ask this question not only because Ravensborg never answered my initial correspondence reporting myself to him as being a CRIME VICTIM. But also, because I had filed a written “CRIMINAL COMPLAINT” with his “OFFICE” after I had discovered that, in the aftermath of my having completed my move to SOUTH DAKOTA from the corrupt STATE OF MICHIGAN, that the CORPORATION known otherwise as “U-HAUL INTERNATIONAL, INC.” had committed multiple “financial crimes” against me through my private bank account. Again, these were multiple crimes committed against me WHILE I was living here in the STATE OF SOUTH DAKOTA, being ATTORNEY GENERAL Ravensborg’s jurisdiction as SOUTH DAKOTA’S “chief law enforcement officer”.



# Jason Ravensborg's Biography

## Attorney General of South Dakota



The details of my case were – just prior to filing my CRIME REPORT with Jason Ravensborg – placed into a FEDERAL “civil” court action as shown by the court case captioning appearing immediately below, listing the relevant crimes committed against me as a *totally and permanently disabled quad-amputee* and law-abiding new SOUTH DAKOTA citizen.

Jason Ravensborg was elected in 2018 and on January 5, 2019, was sworn in as the 31st Attorney General of South Dakota. He serves as the chief law enforcement officer and legal advisor for the State.

DISTRICT COURT OF THE UNITED STATES  
FOR THE DISTRICT OF SOUTH DAKOTA,  
WESTERN DIVISION

Civ. No. 21-cv-5035

**David Schied**, one of the Sovereign American People; a totally  
and permanently disabled *RECENT QUAD-AMPUTEE*;  
*CRIME VICTIM*; Common Law and Civil Rights  
*sui juris GRIEVANT / CLAIMANT / BENEFICIARY*  
(“BENEFICIARY”)

JUDGE \_\_\_\_\_

v.  
**U-HAUL INTERNATIONAL, INC.**  
and **DOES #1-20**

*Counterclaimant / Defendant / Respondent / Trustee*  
(“TRUSTEE”)

**BENEFICIARY’s “COMMON LAW” and “ARTICLE III” COURT OF RECORD with  
“ORIGINAL COMPLAINT” for  
VIOLATION OF CIVIL RIGHTS of a “totally and permanently disabled quad-amputee”;  
for CIVIL “RICO”; and CRIMINAL “LARCENY” (including “WIRE FRAUD”)  
and with  
DEMAND FOR JURY TRIAL and  
DEMAND FOR FEDERAL “SPECIAL GRAND JURY INVESTIGATION”**

David Schied – DISABLED / BENEFICIARY  
P.O. Box 321  
SPEARFISH, S. DAKOTA 57783  
605-580-5121 (all calls recorded)

6/27/2021

South Dakota Attorney General

**ATTORNEY** OFFICE OF THE  
**SOUTH DAKOTA GENERAL**



## CONSUMER COMPLAINT

**Your question/comment has been sent successfully. Thank You.**

The Attorney General of the State of South Dakota and the Division of Consumer Protection have the authority to investigate deceptive or misleading business/trade practices and take legal action on behalf of the State of South Dakota. Neither the Attorney General nor his staff can act as a private attorney for you. This office is prohibited by law from providing legal advice to private parties. To preserve any legal rights you have, you may wish to contact a private attorney in addition to contacting our office.

## CONSUMER COMPLAINT

The Attorney General of the State of South Dakota and the Division of Consumer Protection have the authority to investigate deceptive or misleading business/trade practices and take legal action on behalf of the State of South Dakota. Neither the Attorney General nor his staff can act as a private attorney for you. This office is prohibited by law from providing legal advice to private parties. To preserve any legal rights you have, you may wish to contact a private attorney in addition to contacting our office.

### Consumer Information

Name Prefix: \* N/A

First Name: \* David

Last Name: \* Schied

Your Business Name

### Consumer Address

Street Address: \* P.O. Box 321

Address Line 2:

City: \* Spearfish

State: \* SD

Zip Code: \* 57783

Primary Phone #: \* (805) 580-5121

Secondary Phone #:

Work Phone #:

Email Address: \* deschied@yahoo.com

Were you 18 when the transaction occurred?: \* ☐ Yes ☒ No

### Actions Taken

Actions Taken To Date: \* ☒ I have contacted the firm about my complaint.  
☐ I have attempted to cancel.  
☐ I have requested the merchandise.  
☐ I have retained a private attorney.  
☒ I filed a complaint with another agency.  
☐ None

If you contacted firm about your complaint, who did you contact?: too many people to list

Firm Reaction: runaround

Date Contacted: 03/15/2021 MM/DD/YYYY

If you have retained a private attorney, please list the attorney's name and address:

If you have filed a complaint with another agency, please specify USDC for South Dakota

Age Group: \* ☐ 18-30  
☐ 31-50  
☒ 51-65  
☐ 66-Over

If you have talked with someone in our office, please list their name:

### Firm, Company, or Person of Complaint

Company Name: \* U-HAUL INTERNATIONAL, I

How Transaction Was Initiated (Check One): \* ☒ I responded to a written ad.  
☐ I received a telephone call.  
☐ I responded to a Radio/TV ad.  
☐ I Contacted or went to firm's business.  
☐ Firm first contacted me in person in my home.  
☐ Firm first contacted me in person away from my home.  
☐ I received information in the mail.  
☐ Other

If Other, please explain:

If a written ad, what publication?: Internet

If a Radio/TV ad, what station?:

Where Transaction Took Place (Check One): \* ☐ My Phone  
☐ Firm's Place of Business  
☐ Telephone  
☐ Mail  
☐ Internet  
☐ There Was No Transaction  
☒ Other

If Other, please explain: Full explanation attached

Date of Transaction: \* 03/27/2021 MM/DD/YYYY

Did you sign a contract?: \* ☒ Yes  
☐ No

Product or Service: \* ☐ Product  
☒ Service

Total Price: \* \$1600

Amount Paid to Date: \* \$1600

### Summary of Complaint

Please describe briefly what you wish to report. Give specific facts in the order they happened with all dates, etc. you can recall. Please attach copies of papers involved - such as advertisements, receipts, contracts, cancelled checks, bills, financing papers and other documents related to your complaint. The documents will be returned to you upon request. (Attach an extra sheet, or typed documents if necessary.)

Summary: \* See the attached federal court filing on case number 21-cv-5835

Who referred you to this office?: self

Would you be willing to testify in court, if necessary?: \* ☒ Yes  
☐ No

In submitting this form, I am giving authorization for the company and its affiliates to discuss and provide account information to the South Dakota Division of Consumer Protection.

The Division of Consumer Protection has my permission to send a copy of this complaint to the person or company complained about. I have read the complaint and hereby certify that the information reported is true and correct to the best of my knowledge, information and belief.

Signature: \* /s/ David Schied

Date: \* 06/27/2021 MM/DD/YYYY

File Upload: Choose File 7\_061621\_S...PLAINT.pdf

The max file size is 5MB

State (SDCL 20-13) and Federal (Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans With Disabilities Act of 1990) laws require that the Office of Attorney General provide services to all persons without regard to race, creed, religion, sex, disability, ancestry or national origin.

**My online  
"COMPLAINT"**

**I completed this  
"Consumer Complaint"  
FORM online because this  
AG's website had no other  
way to file a "CRIMINAL  
COMPLAINT" online.**

**Nevertheless, while the  
SOUTH DAKOTA AG's  
"form" framed my  
"complaint" as "consumer"  
rather than a "criminal"  
matter, I did file the details  
of my own CRIMINAL  
ALLEGATIONS by  
providing verbatim what I  
had also filed in the federal  
court against the STATE  
OF MICHIGAN.**

**What should be happening (if the EXECUTIVE BRANCH of SOUTH DAKOTA government believes it should not be paying for all of my medical needs now that I have fled from the STATE OF MICHIGAN as a bona fide "refugee" to here), is NOT to be taking away the MEDICAID that I had when I arrived here while fleeing from the STATE OF MICHIGAN; but for the ATTORNEY GENERAL to instead sue the STATE OF MICHIGAN for the costs of reimbursing of all SOUTH DAKOTA taxpayers for their new burden in dealing with my REFUGEE status and ongoing medical needs as a "totally and permanently disabled quad-amputee" that has been criminally victimized by the STATE OF MICHIGAN and some of its own taxpaying "residents". Yet this ATTORNEY GENERAL Jason Ravnsborg and his "investigator" Richard Baumer – who is believed to be a former SOUTH DAKOTA "police officer" – are being totally derelict in their FIDUCIARY job DUTIES.**

STATE OF SOUTH DAKOTA



OFFICE OF ATTORNEY GENERAL  
Jason R. Ravnsborg

Division of Consumer Protection  
1302 E Hwy 14 Ste 3  
Pierre SD 57501-8503  
[www.consumer.sd.gov](http://www.consumer.sd.gov)

Phone (605) 773-4400  
1-800-300-1986  
Fax (605) 773-7163  
TTY (605) 773-6585

June 29, 2021

David Schied  
P.O Box 321  
Spearfish SD 57783

Re: 21-0738

Dear Mr. Schied:

**Not "enclosed": This letter was opened in front of a viable WITNESS who can verify that NOTHING besides this fraudulent letter was in the envelope. (This constitutes the crimes of MALFEASANCE and/or MAIL FRAUD as well as PERJURY OF OATH and DERELICTION OF DUTY by "principal" Ravnsborg and his "agent" Bauman.)**

Our office has received the enclosed reply from U-Haul International, Inc. concerning the consumer complaint that you filed. Upon review of your complaint and the company's answer, this office has determined that the complaint does not appear to be a violation of the South Dakota Deceptive Trade Practices and Consumer Protection act.

The Attorney General is prohibited by law from representing individuals in private lawsuits. A Small Claims Court procedure may be available to you, which may be used with or without the services of a private attorney. Information on this website will explain how to bring about a small claims suit: <http://www.sdjudicial.com/courtinfo/smallclaims.aspx>. I am sorry to inform you that this office has no other recourse than to close the file.

Please feel free to contact our office in the future if you should have other consumer questions or concerns.

Sincerely,

Richard Bauman  
Investigator

Enclosure

**In derelict and gross negligent fashion, this "investigator" Richard Bauman NEVER provided the "enclosed reply" designated in the letter as "the company's answer". I saw this type of FRAUD before as a strategy of STATE BAR OF MICHIGAN attorneys for creating FRAUDULENT PAPER TRAILS to be used against my later lawsuits against the STATE, as a means for DEFRAUDING THE COURT as well as the PUBLIC AT LARGE.**



**28-1-11. Assistant attorney general for department--Enforcement of support and public assistance laws--Representation of department.**

The attorney general shall appoint an assistant attorney general for the Department of Social Services whose compensation shall be fixed by the attorney general, to be paid from public welfare funds.

Subject to the direction of the attorney general, the assistant attorney general shall supervise the enforcement of all laws pertaining to desertion, nonsupport, recipient fraud, and similar statutes for which a penalty is provided in any case in which public assistance has been granted or applied for under the welfare laws of this state. The assistant attorney general shall cooperate with and assist the several state's attorneys of the State of South Dakota in such actions and proceedings; be the official information agent for the State of South Dakota pursuant to chapter 25-9C; and initiate and prosecute civil and criminal actions on behalf of the Department of Social Services, and appear on behalf of the department in any court in which any action or proceeding is pending involving the welfare of the indigent.

**Source:** SL 1963, ch 333; SL 1966, ch 169; SL 2004, ch 167, § 12; SL 2015, ch 148, § 83.

Instead, of “*playing fair and square*” the government of SOUTH DAKOTA is itself giving the (repeated) “appearance” of engaging in DISCRIMINATING and/or DECEPTIVE business practices – being the polar opposite of what the STATE advertises itself (to the public) and legislates itself (on behalf of the sovereign People) to otherwise be doing as a matter of solemnly sworn FIDUCIARY DUTY.

As the letters shown throughout this over one-hundred pages of PROTEST above prove, the STATE OF SOUTH DAKOTA is showing itself to be acting (albeit to a much lesser degree so far) in the same “*pattern of practice*” as the STATE OF MICHIGAN in summarily concluding that I do not “*qualify*” for help – blaming me instead of properly blaming itself – without addressing the MERITS of actual FACTS of what I have presented in writing, using the government’s own COERCIVE “*FORMS*” compelling me to do so “*under penalty of perjury*”.

Again, this is characteristic of there being a WAR ON MERIT going along with a CANCEL CULTURE implementation of LEFTIST (including “*Feminists*” and “*Marxists*”) EXTREMISTS perceptions of (their collectively) living under the oppression of “*white male supremacy*” and their implementing a counterculture of “*REVERSE DISCRIMINATION*”, using gross errors and omissions against me, even though I am a bona fide “*totally and permanently disabled quad-amputee*” telling the “*fully complete and accurate truth*” UNDER [CRIMINAL] PENALTY OF PERJURY in my own formalized (i.e., by design) “*format*”.

**CONCLUSION AND REQUEST FOR DOCUMENTS UNDER THE “OPEN RECORDS LAWS”  
REQUIRING “GOVERNMENT TRANSPARENCY”**

So how does a white American man entering the STATE OF SOUTH DAKOTA with MEDICAID and MEDICARE insurance coverage from the STATE OF MICHIGAN – a red-blooded American whose birth certificate shows clearly that his father was born in SOUTH DAKOTA nearly a century ago when times were much different than they are now – come to be determined by an ALL FEMALE WORKFORCE in SOUTH DAKOTA that the man must pay twenty percent (20 %) and MORE of all of his medical treatments and medically necessary “durable equipment” to keep him out of expensive full-time “nursing” facilities, simply because these WOMEN have determined that this “white [perceived ‘supremacist’ and/or “sex deviant”] male” can, or is willing to try hard to maintain his personal integrity by “bathing himself”?

The answer is “because these WOMEN at the STATE level are receiving FEDERAL FUNDING with ‘strings attached’ to a MARXIST / SOCIALIST / COMMUNIST national ‘government’ regime hellbent on destroying the deep historical roots of this nation’s “Anglo-American” CONSTITUTIONAL REPUBLIC”. This is the same undercurrent of action that has also been using GOVERNMENT CORPORATIONS of “public schools” to “dumb down” the American population; that has been using the PRIVATE CORPORATE MEDIA to propagandize and demoralize the American population; and that has been using UNCONSTITUTIONAL LEGISLATION to create a “redistribution of wealth” through the demonizing of private American capitalism, the “slavery” of the “sovereign” People to CORPORATE GOVERNMENT and GOVERNMENT-licensed CORPORATIONS, and direct attacks upon “American nationalism”, “American tradition” and “white American males”.

Indeed, there is a “War on Merit” occurring in the so-called “united” States of America; whereby those who act like helpless idiots are catered to pampered and those who try hard to uphold their integrity – especially white males, even if they have recently been rendered “lifetime disabled” by loss of virtually all of their fingers and both legs – are treated otherwise as being “CANCELLED” (i.e. by way of “Critical Race Theory” and its accompanying “Cancel Culture”) by unconstitutional “federal” funding and accompanying upside-down political agendas.

This is a growingly *absurd* American “government” environment in which “merit” has become replaced by “cronyism”, that will only continue to erode and destroy the safety of the system itself until forcibly stopped by resistance (such as mine) or until it reaches a critical “tipping” or “breaking” point to destroy the functionality of our American society. (My hope is to facilitate the former so that America may regain its former “greatness”).

As such, I am taking my “pleas” to the next level – as one of the sovereign People taking back “my” government. I am starting first by making the following “OPEN RECORDS REQUESTS” – under the SOUTH DAKOTA “SUNSHINE LAW” (§§1-27-1 *et seq.*) – in effort to locate even further tangible EVIDENCE of “human rights violations”, of “illegal applications of the STATE and UNITED STATES laws”, and the “improper or grossly negligent placement of unqualified, prejudiced, and/or improperly supervised ‘FUNCTIONARIES’” over the “cases” of deserving and hard-trying DISABLED Americans such as myself, even as I am proudly a “white American male”.

### **1-27-1. Public records open to inspection and copying.**

Except as otherwise expressly provided by statute, all citizens of this state, and all other persons interested in the examination of the public records, as defined in § 1-27-1.1, are hereby fully empowered and authorized to examine such public record, and make memoranda and abstracts therefrom during the hours the respective offices are open for the ordinary transaction of business and, unless federal copyright law otherwise provides, obtain copies of public records in accordance with this chapter.

Each government entity or elected or appointed government official shall, during normal business hours, make available to the public for inspection and copying in the manner set forth in this chapter all public records held by that entity or official.

**Source:** SDC 1939, § 48.0701; SL 1977, ch 16, § 2; SL 1982, ch 30, § 1; SL 1987, ch 24; SL 1991, ch 13; SL 1992, ch 10; SL 1994, ch 21; SL 2003, ch 272 (Ex. Ord. 03-1), § 82; SL 2004, ch 17, § 2; SL 2009, ch 10, § 1.

**Please therefore, allow me to inspect the following PUBLIC RECORDS, with “reasonable accommodations” provided to me by sending COPIES of the requested records BY MAIL to the address indicated for reaching me on the “cover page” of this instant correspondence.**

**Also note that this request is being made IN THE PUBLIC INTEREST; and as such, I am requesting the waiver of all fees and costs for copying and mailing the requested documents.**

### **1-27-36. Estimate of retrieval and reproduction cost--Waiver or reduction of fee.**

For any informal request reasonably likely to involve a fee in excess of fifty dollars, the custodian shall provide an estimate of cost to the requestor prior to assembling the documents or records and the requestor shall confirm in writing his or her acceptance of the cost estimate and agreement to pay. The custodian may exercise discretion to waive or reduce any fee required under this section if the waiver or reduction of the fee would be in the public interest.

**Source:** SL 2008, ch 14, § 4.

### **Documents Requested:**

- 1) Any “granting” or “denial” letters sent to me in reply to my earlier “FREEDOM OF INFORMATION ACT” (“FOIA”) “request for documents” that I made on 6/2/21 proving ANY sort of “affirmative response” (as otherwise required by law) to my emailed request to Mary Rea, as copied also to Laura Nord, Laura Charter, Jennifer Lewis, Nancy Giovanetti, Rogine Page, Val Clauser, and Linda Williams (WESTERN RESOURCES FOR INDEPENDENT LIVING)
- 2) The public personnel files for:
  - a) Laura Nord (a.k.a. “Laura Charter”) and any other aliases she may have been using;
  - b) Rogine Page – but only insofar as she was reprimanded and/or the extent of her retraining after the federal court had determined (in case #15-5079) that the hiring actions of Rogine Page were DISCRIMINATORY and that she and others of the STATE cost the sovereign People of South Dakota, as “taxpayers”, \$350,000 to “settle” that lawsuit brought by the UNITED STATES through the EEOC.
  - c) Mary Rea (and any other aliases she may have used or be using now);
  - d) Leslie Lowe (and any other aliases she may have used or be using now);
  - e) Nancy Giovanetti (and any other aliases she may have used or be using now);



- f) Kim Malsam-Rysdon (and any other aliases she may have used or be using now);
  - g) Shawnie Rechtenbaugh (and any other aliases she may have used or be using now);
  - h) Laurie Gill (and any other aliases she may have used or be using now);
  - i) Jason Revnsborg – including any publicly available internal memos and other correspondence related to:
    - 1. His “*affirmative*” response to my initial letter of 3/28/21 as spotlighted herein;
    - 2. His “*affirmative*” oversight of the “*investigation*” of Richard Baumer concerning my “*COMPLAINT*” as also spotlighted herein regarding my report of being the CRIME VICTIM” of financial crimes by U-HAUL INTERNATIONAL, INC. while being an “*inhabitant*” of the STAE OF SOUTH DAKOTA.
    - 3. The “*public investigation*” of his “*civil*” and/or “*criminal*” HIT-AND-RUN incident leading to the death of a pedestrian (as also referenced above herein);
  - j) Richard Baumer relative to his “*affirmative*” participation in an “*investigation*” concerning my “*COMPLAINT*” as also spotlighted herein regarding my report of being the CRIME VICTIM” of financial crimes by U-HAUL INTERNATIONAL, INC. while being an “*inhabitant*” of the STAE OF SOUTH DAKOTA and leading up to his FALSE CLAIM that he had obtained and included in his correspondence to me the “*answer*” from U-HAUL INTERNATIONAL, INC. to my criminal and “*consumer complaint FORM*” allegations. This would include COPIES of all correspondence made in this “investigation” between the AG’s DEPARTMENT and U-HAUL INTERNATIONAL, INC.
- 3) All laws, public policies, administrative policies, rules of practice, memorandums, meeting notes, transcripts of phone calls, and any other communications which articulate or even touch upon the following:
- a) Supporting “*opinions*”, “*speculations*”, or “*facts*” shared by DOH, DHS, and/or DSS employees – even as “*database records*” – between one another relative to the manner in which my applications (in whatever FORM they may have been) should be or were DENIED, for whatever reason(s). (Please identify EACH “*person*” entering each “*decision*” and which laws they used to support their actions, including the act of requesting “*donations*” from me to be sent to the STATE.)
  - b) Supporting the determination that I should be DENIED “MEDICAID” (or whatever else it is referred to in part or in whole) “*solely because [I] can bathe [my]self*”. (This would include any written “*cutoff*” criteria for MEDICAID “*qualifications*” by the ability of the MEDICAID “*claimants*” or “*applicants*” to “*bathe themselves*” as their so-called “*level of need*”);
  - c) Supporting the determination by Mary Rea (with concurrence Laura Nord/Charter) that I should be COERCED to complete a “SUBSTITUTE W-9: TAXPAYER IDENTIFICATION NUMBER VERIFICATION” FORM as identified herein – as if I am a CORPORATION or other “*public licensee*” in order to get “*financially reimbursed*” by the STATE on my outlay of monies for the costs of getting my broken “*home mobility device*” to a servicing vendor and/or retail outlet for replacement batteries for my “*electric wheelchair*” as MEDICALLY NECESSARY and doctor prescribed “*durable medical equipment*”. This would include sending me COPIES of all other FORMS that the STATE authorizes to be used instead of – or in addition to – the “SUBSTITUTE W-9” sent to me by Mary Rea for purposes (broadly interpreted) of “financial reimbursement” to any of the sovereign People inhabiting the so-called “STATE OF SOUTH DAKOTA”.
  - d) All supporting documentation that gives good reason why and how “STD Program Coordinator” Mary Rea, and “[Discriminating] HR Supervisor” Rogina Page, and “Sexual Violence” and “Rape Prevention” Expert Leslie Lowe came to have anything whatsoever to do with my case as a declared “*total and permanently disabled quad-amputee*” and/or a bona fide “*STATE refugee*” and “*crime victim*”.

- 4) Any **statistical** data or anecdotal studies (STATE and/or FEDERAL with relevant pages only) reflective of any or all the following:
- a) Suicide and/or death by “*simple negligence*” of elderly, disabled, or poor left home alone;
  - b) The number of “*permanently and totally disabled*”, and/or “*quad-amputees*” who are living in nursing care facilities and/or who are living **alone** in their city, county, and/or state-level communities;
  - c) The numbers of “*permanently and totally disabled*”, and/or “*quad-amputees*” who are being **provided** MEDICAID and DENTAL COVERAGE; and/or the numbers of “*permanently and totally disabled*”, and/or “*quad-amputees*” who are being **denied** MEDICAID and DENTAL COVERAGE (like me).
  - d) The numbers of “*permanently and totally disabled*”, and/or “*quad-amputees*” who are being **provided** COST FREE TRANSPORTATION; and/or the numbers of “*permanently and totally disabled*”, and/or “*quad-amputees*” who are being **denied** COST FREE TRANSPORTATION (like me).
  - e) The numbers of “*quadriplegics*” who are being **provided** MEDICAID and DENTAL COVERAGE; and/or the numbers of “*quadriplegics*” who are being **denied** MEDICAID and DENTAL COVERAGE.
  - f) The numbers of “*quadriplegics*” who are being **provided** COST FREE TRANSPORTATION; and/or the numbers of “*quadriplegics*” who are being **denied** COST FREE TRANSPORTATION.
  - g) All numbers of disabled, poor or elderly who have been “*granted*” MEDICAID based upon their “*level of care*” **BECAUSE they could NOT bathe themselves**; and all numbers of disabled, poor or elderly who have been “*DENIED*” MEDICAID based upon their “*level of care*” BECAUSE they COULD bathe themselves (like me).
  - h) The numbers of **MEN in STATE LEADERSHIP** positions making “*policy*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA; and by comparison, the numbers of **WOMEN** (and/or declared “*NON-BINARY*”) in **STATE LEADERSHIP** positions making “*policy*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA.
  - i) The numbers of “**AMPUTEES**” and (more specifically) “**QUAD-AMPUTEES**” in **STATE LEADERSHIP** positions making “*policy*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA.
  - j) The numbers of “**AMPUTEES**” and (more specifically) “**QUAD-AMPUTEES**” in **STATE “MIDDLE MANAGEMENT”** positions making administrative “*management*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA.
  - k) The numbers of “**TOTALLY AND PERMANENTLY DISABLED**” in **STATE LEADERSHIP** positions making “*policy*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA.
  - l) The numbers of “**TOTALLY AND PERMANENTLY DISABLED**” in **STATE “MIDDLE MANAGEMENT”** positions making administrative “*management*” decisions regarding “*level of care*” for the poor, the elderly and the disabled of the STATE OF SOUTH DAKOTA.
  - m) The numbers of “**TOTALLY AND PERMANENTLY DISABLED**” and/or “**QUAD-AMPUTEES**” in **any DEPARTMENT** of the STATE, in positions of **LEADERSHIP** and making administrative “*management*” and/or “*policy-instituting*” decisions on behalf of the GOVERNOR and/or the STATE OF SOUTH DAKOTA.
  - n) The numbers of “**TOTALLY AND PERMANENTLY DISABLED**” and/or “**QUAD-AMPUTEES**” in **any DEPARTMENT** of the STATE, in positions of **MIDDLE**

MANAGEMENT and making administrative “*management*” and/or “*policy-instituting*” decisions on behalf of the GOVERNOR and/or the STATE OF SOUTH DAKOTA.

- o) The names of all LEADERSHIP and MANAGEMENT that have had ANY formal training in the “*medical needs*” and “*levels of performance*” specifically related to decision-making about “*levels of needs*” of AMPUTEES, and more specifically, to the needs of “TOTALLY AND PERMANENTLY DISABLED” and/or “QUAD-AMPUTEES”.
- 5) All laws governing the mandatory treatment of “REFUGEES” and/or “CRIME VICTIMS” as declared to be arriving to the STATE OF SOUTH DAKOTA from: a) another COUNTRY; b) another STATE (of the UNITED STATES).
- 6) All laws governing PENALTIES for STATE officials violating the OPENS RECORDS ACT and/or any other STATE laws governing the care of the poor, the elderly, or the disabled.;
- 7) All locations within the STATE where “*totally and permanently disabled quad-amputees*” may be provided “*free bus passes*” for their transportation needs to getting to “*medically necessary*” treatment facilities and other forms of “*community access*” and “*social events*” (as required by both STATE and UNITED STATES laws).
- 8) The location and categorical names of all “*performance bonds*”, “*blanket bonds*”, “*blanket insurance*”, “*errors and omissions*” insurance and/or other third-party “*sureties*” – including identification of “*self-insured*” bonding or insurance – of STATE departmental “*principals*” and “*agents*” as guarantees to the sovereign People against waste, fraud, abuse, and/or against occasions of sedition, treason, insurrection, and terrorism (including “domestic terrorism”) and/or the wonton dereliction or malfeasance of the STATE Attorney General to do his job according to his/her OATH and DUTIES.
- 9) All “VOCATIONAL REHABILITATION” materials that dictate the extent to which “*job placement*” is predicated upon both “*LEVEL OF EDUCATION*” and “[PAST] *PROFESSIONAL EXPERIENCE*” as well as “*Interest Inventory*” data.

**LYRICS FOR THE HOLLIES’ 60’s SMASH HIT  
“HE AIN’T HEAVY, HE’S MY BROTHER”**

(Songwriters: Bob Russell / Bobby Scott; © Music Sales Corporation)

... The road is long  
With many a winding turn  
That leads us to who knows where  
Who knows where  
But I'm strong  
Strong enough to carry him  
He ain't heavy, he's my brother

... So on we go  
His welfare is of my concern  
No burden is he to bear  
We'll get there

... For I know  
He would not encumber me  
He ain't heavy, he's my brother

... If I'm laden at all  
I'm laden with sadness  
That everyone's heart  
Isn't filled with the gladness  
Of love for one another

... It's a long, long road  
From which there is no return  
While we're on the way to there  
Why not share

... And the load  
Doesn't weigh me down at all  
He ain't heavy he's my brother

... He's my brother  
He ain't heavy, he's my brother, he ain't heavy



## NOTICE OF FUTURE APPLICATION OF COMMON LAW “FEE SCHEDULE”

Throughout this over one-hundred thirteen pages (113 pp) of documentation, it is clear that EVERY government – whether STATE or FEDERAL and whether the STATE OF MICHIGAN or the STATE OF SOUTH DAKOTA – is froth with people of all kinds capable of acting with gross dereliction, prejudice, intentional tort, and outright criminal behaviors. That is why the “*Founding Fathers*” of America (a.k.a. “*Dead White Males*” by certain Feminist and Progressivist groups in history) have placed governments within the “box” of the STATE and UNITED STATES “*constitutions*”.

Nevertheless, we cannot forget that the Sovereign People were the ones who “*ordained and established*” those constitutions for THEIR government “*servants*”, and not for themselves; for reason that the non-binding and non-statutory world of COMMON LAW is theirs, not the governments’. The wide world of COMMON LAW works based upon MAXIMS and common practice, not statutory interpretations by BAR attorneys and their equally corrupt “*judges*”.

---

## *South Dakota Constitution*

---

### ***Preamble***

#### ***We, the people of South Dakota,***

grateful to Almighty God for our civil and religious liberties, in order to form a more perfect and independent government, establish justice, insure tranquility, provide for the common defense, promote the general welfare and preserve to ourselves and to our posterity the blessings of liberty, do ordain and establish this Constitution for the state of South Dakota.

Thus, as I am currently being expected by the STATE to pay the rest of my life for my own medical expenses above and beyond what MEDICARE is statutorily required to pay – by interpretation of its “*handlers*” and “*mis-handlers*” – even though I have had not even the formal OFFER of “*vocational rehabilitation*” by any STATE or UNITED STATES government entity after losing my fingers and legs to necessary amputations by doctors in order to save my life from the deadly “*sepsis*” disease – I should also be entitled to charge “*fair and equitable*” costs associated with my having to be FORCED by government to “*FIGHT*” for my “*just and equal*” treatment as a totally and permanently disabled quad-amputee and “*white American male*” being “*targeted*” under “Critical Race Theory”, under terms demanding “*racial equity*” (for all underserved groups EXCEPT “disabled white males”), for CANCEL CULTURE treatment, regardless of *merit*.

Therefore, I am providing on the next page my “FEE STATEMENT”, which the administration of this STATE OF SOUTH DAKOTA may refer to in the future when compelling me by FORCE and/or COERCING me to act in my own self-defense in order to assist in the “*proper*” administration and interpretation of the laws of this STATE and/or the UNITED STATES with regard to their application to “*totally and permanently disabled quad-amputees*” as I am presently, and am also now, by my past three years in experience with STATE “officers” acting with gross dereliction, prejudice, intentional tort, and outright criminal behaviors, “the expert”.

Whether the “government” agrees or not is irrelevant, because the government is in “service to” the sovereign People, not the other way around. Thus, whenever the government attempts to turn this “relationship” upside down (as we often see today), it becomes subject to COMMON LAW criminal allegations for its TORT OFFENSES and EXPENSIVE statutory lawsuits for its compensatory “civil remedies”. These too – in addition to the costs I am being expected to also incur in following doctors’ common-sense recommendations and medically necessary orders – are expected to run high in expenses, especially if “civil rights” lawsuits are on the horizon as they well seem to be if this well-prepared communication is also brushed aside by ALL OF YOU as STATE “agents and principals”.

Therefore, I have prepared the following **FEE SCHEDULE** for any *future* services that I may be compelled to provide in research, administrative “consultation”, or other administrative matters that are out of compliance with the law and needing the Sovereign People’s “auditing” and “correcting” of THEIR government. (The process is not unlike police departments and other government departments using “asset forfeiture” and lawsuits to recover their own assessments on losses to their agencies.) Once an “account” is opened, charges are incurred in \$2,000,000 increments; with COMMON LAW billing notices occurring throughout the calendar year. Occasionally, special incentives are provided for agency in full to avoid compounded interest charges, litigation, and/or lawful common “debt collection practices”.

David Schied © (“**CREDITOR**”)  
PRIVATE PUBLIC PROXY  
P.O. BOX 321  
SPEARFISH, SD 57783

## **FEE SCHEDULE AND INTEREST COMPOUNDED (QUARTERLY)**

(updated 11/1/19 to begin in effect immediately and included in  
the next billing cycle for 2021) \*\*\*

<u>QUASI-GOVERNMENT AGENTS AND/OR CORPORATE LICENSEES OF ANY STATE OR THE “UNITED STATES”</u>	<u>REF. ACCNT Nos. / AGENCY CLAIMS</u>	<u>DAMAGE ASSESSMENTS, PUBLIC PROSECUTIONS COSTS *</u>	<u>PER VIOLATION \$ 2,000,000</u>
<u>AND/OR EMPLOYEES OR OTHER SUBCONTRACTORS OF ANY GOVERNMENT DEPARTMENT, BUREAU, DIVISION, SECTION, UNIT, AGENCY, OR OFFICE</u>	NONE open at this time for the STATE OF SOUTH DAKOTA and its “principals” and “agents”	<u>FAILURE TO RESPOND / CONTINUED DEFAULT REFUSAL TO PAY ON DEBT COLLECTION NOTICES ** ***</u>	<u>\$ 2, 000,000 (each billed agency)</u>
	Any others (known or unknown)		
	<u>Any claim of Debt</u>	<u>COMPOUNDED QUARTERLY INTEREST AT THE LOW RATE OF</u>	<u>5 %</u>

\* This cost is evenly distributed amongst the Consortium of All Listed “*Quasi-Government Agents*” and “*Corporate Licensees*.” Participating in the Common Objectives of Damaging the Man of David Schied © in Any Way Whatsoever, Including “*In Commerce*”

\*\* This fee is a punitive amount added for the continued Common Law “tort” violations in damaged personal credit and persisting fraud upon the public for which future litigation may be necessary.

\*\*\* Additionally, “*Golden Opportunities*” may be magnanimously offered in good faith in effort to “settle” the “accounts” on an individual bases at the discretion of David Schied © as “**CREDITOR**”

**NOTE that CLAIMS for charges against the STATE OF SOUTH DAKOTA, its “principals”, and its “agents”, is waived for this instant time only.**

If my access to the records requested above will take more than a “*reasonable*” amount of time, please contact me with information about when I might expect copies of the requested records under the OPEN RECORDS ACT.

Also, if you deny any or all of the itemized documents I have requested, please cite each specific exemption you feel justified the refusal to release the information, and notify me of the “*appeal*” procedures that you will be expecting me to follow as I act on behalf of the STATE to deal administratively with such “*affirmative*” acts of defiance of my demands upon “*my*” government.

Respectively,

/s/ David Schied - (“*Welfare*” BENEFICIARY and RELATOR acting on behalf of the Sovereign People as “*Taxpayers*”)

Cc.

HOUSE REP. Dusty Johnson – [katy.murray1@mail.house.gov](mailto:katy.murray1@mail.house.gov)

SENATE REP. Mike Rounds – [james\\_selchert@rounds.senate.gov](mailto:james_selchert@rounds.senate.gov)

S. DAKOTA STATE Rep. Mary Fitzgerald – [mary.fitzgerald@sdlegislature.gov](mailto:mary.fitzgerald@sdlegislature.gov)

S. DAKOTA STATE Rep. Scott Odenbach – [scott.odenbach@sdlegislature.gov](mailto:scott.odenbach@sdlegislature.gov)