



# Nebraska Client Assistance Program

## Hotline for Disability Services

### Contact the Nebraska Client Assistance Program

Hotline for Disability Services  
PO Box 94987  
Lincoln, NE 68509  
**Toll Free Phone:** 1-800-742-7594  
**Email:** shari.bahensky@nebraska.gov

### MEDICALLY (GENETICALLY) HANDICAPPED PERSONS' PROGRAM

#### Description:

SUB PROGRAM OF MEDICALLY HANDICAPPED CHILDREN'S PROGRAM. CONTINUES CARE FOR PERSONS OVER AGE 21 WITH CYSTIC FIBROSIS, HEMOPHILIA AND SICKLE CELL ANEMIA. THE SCOPE OF SERVICES AND NUMBER OF INDIVIDUALS SERVED IS DEPENDENT UPON ANNUAL FUNDING DECISIONS. PROVIDES DIAGNOSIS AND REFERRAL SERVICES TO LOW INCOME ADULTS AND PURCHASES NECESSARY TREATMENT FOR THEM. THIS MAY INCLUDE THERAPIES AND DRUGS.

#### Eligibility:

INDIVIDUALS MUST APPLY AND MEET BOTH INCOME AND NEEDS ELIGIBILITY FOR THE VARIOUS PROGRAMS. MAY OR MAY NOT BE MEDICAID ELIGIBLE.

#### List of Provided Services:

**Administrative:** Administrative  
**Assessment Services:** Financial for Assessment, Medical Assessment  
**Case Management:** Case Management  
**Medical:** Financial Medical, Financial Medicine

#### Contact Information:

##### Address:

DEPT. OF HEALTH AND HUMAN SERVICES  
301 CENTENNIAL MALL SOUTH, 5TH FLOOR  
PO BOX 95026  
Lincoln NE 68509

**Hours of Operation:** 8:00-5:00 MONDAY-FRIDAY

**Website:** [www.dhhs.ne.gov/Pages/hcs\\_services\\_cf.aspx](http://www.dhhs.ne.gov/Pages/hcs_services_cf.aspx)

**Main Phone:** 402-471-9327

##### Other Phone(s):

**Phone:** 800-358-8802

**Fax:** 402-471-6352

**Phone:** 402-471-9155

**Main Email:** [sue.spitser@nebraska.gov](mailto:sue.spitser@nebraska.gov)

##### Main Contact(s):

SUE SPITSER

##### Other Contact(s):

#### General Information

**Agency ID:** 749

##### Counties Served:

Adams, Banner, Blaine, Boone, Box Butte, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Chase, Cherry, Cheyenne, Clay, Colfax, Cuming, Custer, Dakota, Dawes, Dawson, Deuel, Dixon, Dodge, Douglas, Dundy, Fillmore, Franklin,

Frontier, Furnas, Gage, Garden, Garfield, Gosper, Grant, Greeley, Hall, Hamilton, Harlan, Hayes, Hitchcock, Holt, Hooker, Howard, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Knox, Lancaster, Lincoln, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Perkins, Phelps, Pierce, Platte, Polk, Red Willow, Richardson, Rock, Saline, Sarpy, Saunders, Scotts Bluff, Seward, Sheridan, Sherman, Sioux, Stanton, Thayer, Thomas, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York, Arthur, Antelope

**Ages Served:** Ages 21 and Up

**Disabilities Served:**

OHI - Other Health Impairment

**Wheelchair Accessible:** Yes

**Fees:**

**Sliding Fee Schedule:** Yes

**Interpreters on Staff:**

**How to Appeal a Decision:**

ASK FOR AN APPEAL VERBALLY OR BY WRITING TO THE LOCAL OFFICE HANDLING THE CASE OR TO THE STATE OFFICE. CAN APPEAL ANY ACTION OR INACTION (INCLUDING A DECISION RESULTING FROM A GRIEVANCE) EXCEPT FOR DECISIONS RELATED TO MEDICAL ELIGIBILITY OR TREATMENT PLA