

CAP

Nebraska Client Assistance Program Hotline for Disability Services

Contact the Nebraska Hotline for Disabilities

Hotline for Disability Services

PO Box 94987

Lincoln, NE 68509

Phone: (402) 471-0801 or toll free: 1-800-742-7594

Email: shari.bahensky@nebraska.gov

MEDICALLY HANDICAPPED CHILDREN'S PROGRAM

Description:

PROVIDES COMMUNITY-BASED, FAMILY-CENTERED CASE MANAGEMENT FOR MEDICAL AND FAMILY SUPPORT SERVICES. INCLUDED ARE: SCREENING/DIAGNOSTIC ASSESSMENTS BY MEDICAL TEAM MEMBERS; ORTHOPEDIC; CEREBRAL PALSY; HEART; CYSTIC FIBROSIS; MID-LINE NEUROLOGICAL; CRANIAL FACIAL SURGERY; EYE SURGICAL PROGRAM; HEARING LOSS; NEOPLASM; ASTHMA AND MAJOR MEDICAL SERVICES. PROGRAM IS FOR CHRONIC, LONG LASTING PHYSICAL MEDICAL CONDITIONS. ASSISTANCE IN FINDING OTHER AGENCIES THAT COULD HELP.

Eligibility:

CHILDREN UNDER AGE 21. ELIGIBILITY IS BASED ON A CHILD'S DIAGNOSIS, MEDICAL TREATMENT PLAN AND THE FAMILY'S ABILITY TO PAY FOR THE COST OF MEDICAL CARE.

List of Provided Services:

Assessment Services: Dental, Financial for Assessment, Medical Assessment, Neurological, Nutrition, Psychological Assessment, Visual Assessment

Assistive Devices: Financial for Devices

Case Management: Case Management

Medical: Financial Medical, Financial Medicine

Contact Information:

Address:

DEPT. OF HEALTH AND HUMAN SERVICES

1600 10TH STREET

Gering NE 69341

Hours of Operation: 8:30 TO 5:00 MONDAY-FRIDAY

Website: www.dhhs.ne.gov

Main Phone: 308-436-6969

Other Phone(s):

Phone: 800-477-6393

Fax: 308-436-6561

Main Email: ana.parmenter@nebraska.gov

Main Contact(s):

LANA PARMENTER

Other Contact(s):

General Information

Agency ID: 797

Counties Served:

Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux

Ages Served: Ages 0 to 20

Disabilities Served:

Brain Injury/Head Injury, Hearing Impairment, OHI - Other Health Impairment, Orthopedic, Visual Disability

Wheelchair Accessible: Yes

Fees:

Sliding Fee Schedule: Yes

Interpreters on Staff:

Spanish

How to Appeal a Decision:

APPEAL TO THE LOCAL OFFICE HANDLING THE CASE, ADMINISTRATIVE REVIEW PROCESS OR APPEAL WITH HEARING OFFICER.