

Resident Advocacy Poster (11x17)

Revised February 2010!

There are numerous changes for 2010 including phone numbers, addresses, email addresses, and web sites. This poster meets the advocacy posting requirements of OBRA 1987, survey tag #156. It includes information about the State Survey, Certification, and Licensure Agency, State Medicaid Agency, State Ombudsman Program, State Advocacy Network, Medicaid Fraud Unit, and the State Abuse and Neglect Hotline. \$7.50 for members and \$10.00 for nonmembers.

**RESIDENT
ADVOCACY INFORMATION**

State Abuse and Neglect Hotline:
1-800-652-1999

State Survey, Certification, and Licensure Agency:
Nebraska Department of Health and Human Services
Division of Public Health
Health Licensure & Investigation Section, Licensure Unit
PO Box 94986, Lincoln NE 68509-4986
Phone: (402) 471-2115

State Ombudsman Program:
Nebraska Department of Health and Human Services
Division of Medicaid and Long Term Care, Aging Services
PO Box 95026, Lincoln NE 68509-5026
Phone: (402) 471-2307 or 800-942-7830 (Nebraska Only)

State Medicaid Agency:
Nebraska Department of Health and Human Services
Division of Medicaid and Long Term Care
PO Box 95026, Lincoln NE 68509-5026
Phone: (402) 471-9147

State Advocacy Network:
Nebraska Advocacy Services
Lincoln Center Building, 134 South 13th Street, Suite 600
Lincoln NE 68308-1919
Phone: (402) 474-3183 or 800-422-6691

Medicaid Provider Fraud:
To report suspected Medicaid provider fraud or the possible abuse, neglect, or financial exploitation of patients in Medicaid facilities, contact:
Medicaid Fraud Control Unit, Attorney General's Office
1221 N Street, Suite 500
PO Box 98920, Lincoln NE 68509-8920
Phone: (402) 471-3549 or 800-727-6432

Medicaid Client Fraud:
To report suspected Medicaid Client Fraud, contact:
Nebraska Department of Health and Human Services
Division of Public Health
Health Licensure & Investigation Section, Investigations Unit
PO Box 95164, Lincoln, NE 68509-5164
Phone: (402) 471-9210

Nebraska Health Care Association
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[Link to product order form](#)