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## State level medical patient-assistance programs of interest to the practicing physician

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STATE LEVEL MEDICAL PATIENT-ASSISTANCE PROGRAMS  
OF INTEREST TO THE PRACTICING PHYSICIAN

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## Introduction

The following is intended to be a review of the pertinent facts relating to governmental assistance programs in Nebraska which can aid the practicing physician in the diagnosis and treatment of the indigent or otherwise eligible patient. Its purpose is to bring to the attention of the practicing physician facts concerning the availability of such programs, eligibility requirements, and facilities for diagnosis and treatment.

Programs for medical assistance have been emphasized, but since psychiatric problems are at times difficult to distinguish and evaluate, programs for psychiatric assistance have also been included.

Since most of the programs discussed are administered by the State and County Divisions of Public Welfare, it will then be of much value to those physicians whose patients seek aid through these programs to consult freely and establish suitable relationships with their respective County Division of Public Welfare. Not only will this agency advise as to programs under their administration, but will have information concerning programs and facilities, both private and governmental which do not fall directly under their jurisdiction.

It should also be emphasized that programs are in operation for the vocational rehabilitation, and the education of the physically and mentally handicapped patient. These programs are administered throughout the state by both governmental and private agencies and can be investigated by physicians through the Public Welfare Division or by direct communication with the appropriate agency.

## Public Welfare Medical Care Plan

All recipients of assistance through the Division of Public Welfare programs are provided medical care as part of the assistance programs. The programs now being administered are the Old Age Assistance, the Aid to Dependent Children, the Aid to the Blind, and the Aid to the Disabled programs. The Blind Aid and the Aid to the Disabled programs provide assistance for special medical problems and will be discussed elsewhere in detail.

Where the medical needs of a welfare recipient fall outside those covered by these special programs, they are provided and administered by the Division of Public Welfare according to regulations set forth governing medical services. The medical care plan for assistance recipients is established by each county for recipients receiving aid in that county. The responsibility of organizing and administering the plan lies with the County Division of Public Welfare, but is subject to review and approval by the State Public Welfare Director. It must also be administered in accordance with the basic principles set forth by the State Division of Public Welfare. The State Plan and Manual sets forth these basic principles as follows:

1. Services should be provided as economically as is consistent with good standards of care and fair compensation to vendors. Amounts paid vendors of medical service should not exceed the usual rates paid in the community.
2. All medical service shall be within the licensure of the vendor providing the service.
3. Medical services provided through assistance funds should be fully coordinated with medical care available through existing public and private resources.
4. Insofar as possible within the above limitations, the plan for medical service should permit the assistance recipient to exercise free choice in the selection of his physician or other vendor; and should maintain customary relationships between patients and sources of medical care.
5. All plans for medical care should be considered a part of the over-all plan for assistance and services.

The specific services provided to the assistance recipient include services of a physician, chiropractor, osteopath, optometrist and dentist. Hospital facilities with nursing care and nursing home care are also provided. Drugs and other medical and surgical supplies are provided if they are prescribed by a physician.

In order to receive payment from the County Division of Public Welfare, the physician must receive authorization to perform the services needed and then submit a statement of services rendered. The authorization

request is submitted in writing by completing the required official form and it must be approved by the chairman of the County Board or his authorized representative. In cases of emergency when immediate treatment is needed, authorization should be obtained as quickly as possible after treatment is given or the required service rendered. Authorization may extend no longer than a thirty day period, except in cases where continued medical care may be authorized for a period not to exceed one year. Cases of extended medical care apply to recipients who are under treatment or care for extended periods of time in a hospital or nursing home.

The statement submitted to the County Division of Public Welfare must include the name of the recipient, itemized units of service, cost per unit of service, and the date the service was performed. In case of continuing treatment, the physician's statement should be submitted at thirty day intervals and should cover services rendered during this period. In case of chronic illness, the statement should be submitted at thirty or sixty day periods and should cover services rendered during this time instead of submitting one statement at the termination of treatment.

The amount paid for services rendered is determined



by the fee schedule which is established by each county as part of the medical care plan. Thus, fees will differ throughout the state depending on the fee schedule of the county, but will be consistent with the general principles of medical care set forth by the state department. These principles state that services must be provided as economically as possible, and should not exceed the usual rates in the community, but should provide fair compensation to the vendor.

Hospitalization costs will be paid if hospitalization is recommended by the recipient's physician. The cost for private hospitalization cannot exceed the usual rate for accommodations in a two-bed ward, even if the patient is placed in a private room. However, less expensive accommodations than those of a two-bed ward should be used if available, and the patient's condition permits. The cost of hospitalization in a county hospital is based on operating costs of the institution and thus will vary depending on the institution. The period of hospitalization should be limited to a maximum of thirty days for any one admission, except when a longer stay is recommended by the recipient's physician. The cost of special nursing care will be paid if the nursing care is provided by a registered

nurse or practical nurse recommended by the physician, and if the service is requested via a written recommendation by the physician.

The cost of nursing home care will be paid if the care is recommended by the recipient's physician. It should be noted that nursing home care is differentiated from board and room services in that it includes nursing care and personal services in addition to food and shelter.

The cost of drugs, medical and surgical supplies will be paid only if they are prescribed by a licensed physician. However, the cost should not exceed that paid by other members of the community.

Glasses will be supplied recipients of assistance if the physician prescribing the glasses is one approved for eye examinations. (A list of these physicians appears in the State Plan and Manual which is available at the County Public Welfare Division.) All eye care which is not provided through the Blind Aid Program must be received from approved physicians, except emergency treatment which may be provided by any available physician. Transportation will be paid if the patient must pay for transportation in order to obtain the needed care by an approved physician. Cost of meals

and lodging will also be paid if necessary.

## Blind Assistance

The Blind Assistance Program is operated through the State and County Divisions of Public Welfare for the purpose of providing financial aid and assistance to those people who need them. The Divisions of Public Welfare are established by Federal and State Laws and the program is operated from County, State and Federal tax funds. The County Welfare Division, the County Board, and the County Director of Welfare along with the office staff administer the program under the general supervision of the State Division of Public Welfare.

Any needy person is eligible for blind assistance while retaining legal residence in the State of Nebraska if he meets the following qualifications as set forth by the Nebraska Statutes, Chapter 68, Article 4, Section 68-402:

- 1) He must have been determined to be blind by an examination by a physician skilled in diseases of the eye or by an optometrist, whichever the individual may select,
- 2) He is not needing institutional, mental, or physical care.
- 3) He is over 16 years of age.
- 4) He has been a state resident continuously one year preceeding the date of application.
- 5) He is not at the time the payment would commence, an inmate of a state institution

including the state prison, a jail, a hospital, or a mental institution.

- 6) He is not receiving old age or other assistance.
- 7) He has no parent, child, husband, or wife who can support him. (Note - The board may provide aid for up to 60 days while the ability of stated relatives are investigated.) If the child or children has been estranged from the parent 10 years or more, he is not liable for support.
- 8) He has not deprived himself directly or indirectly of any property whatsoever, for the purpose of qualifying for blind assistance.
- 9) Persons in private institutions can receive blind aid only if the institution is subject to state authority or authorities which shall be responsible for establishing and maintaining standards of the institutions. (This includes those licensed by the State Department of Health.)

The definition of blindness as it pertains to the blind aid recipient is quoted in the State Plan and Manual of The State Division of Public Welfare as follows: Economic blindness is defined as visual acuity of 20/200 or less in the better eye with correcting glasses. An individual with central visual acuity of more than 20/200 in the better eye with proper correction is considered to be blind if the widest diameter of the visual field does not extend beyond an angular distance of 20 degrees.

When a patient is seen that the physician feels

can meet the eligibility requirements, he should be referred to the County Welfare Division. Here, the patient will be interviewed and his eligibility checked. If the patient is qualified to receive aid under the Blind Assistance program, he will be referred to one of the examiners approved for making eye examinations who include optometrists, ophthalmologists and general practitioners. These examiners are approved and authorized by the State Division and are listed in the State Plan and Manual.

This examiner will then determine the extent of the lesion, make recommendations for treatment, and submit his report to the consulting ophthalmologist for the State Division who accepts or rejects the recommendations and then submits his own report to the State Welfare Division.

If the patient is accepted for Blind Assistance by the State Division, he is provided with up to \$80.00 per month from federal and state funds for general maintenance which is intended to provide food, shelter, clothing and other essential needs. However, if he has other income or his support is being partially provided by relatives, etc., this figure will be adjusted.

Glasses will be provided if they have been prescribed

by an approved examiner and filled by an optical company or oculist who meets the fee requirements of the Welfare Division.

Other medical care will be provided the blind aid recipient according to the rules and regulations governing medical services to other welfare recipients and include: services of a physician, chiropractor, osteopath, or optometrist; services of a dentist; hospitalization; nursing care; and drugs or other medical supplies. Transportation and subsistence expense will also be provided if incurred in connection with obtaining medical care. Of course, all medical services must be authorized by the County Board or its representative as in the case of any other welfare recipient. It should be noted that the recipient may be treated by the physician of his choice, but that the physician be careful to obtain authorization for treatment according to the rules and regulations previously discussed.

Blind Assistance may be provided for a temporary period if the following conditions are met as set forth in the State Plan and Manual: In cases where efforts are made to improve, conserve, or restore vision by medical or surgical treatment, blind aid may be continued for a temporary period during which the effects immediately attributable to blindness are continuing. When a re-

examination indicates that the recipient is no longer blind, he may receive blind aid payment for the month following the one in which it is found that blindness no longer exists.



## Aid to the Disabled

The Aid to the Disabled Program is operated by the State and County Division of Public Welfare for the purpose of "providing reasonable subsistence with a view toward rehabilitation whenever possible" (Nebraska Statutes, 1955 Supplement, Article 8, Section 68-802). The program is financed from State and Federal tax money and is administered by the County Division under the general supervision of the State Division of Public Welfare.

In order to receive financial aid and services from this program, an individual must be found to be permanently disabled according to the following definition set forth in The 1955 Cumulative Supplement of the Revised Statutes of Nebraska 1943, Article 8, Section 68-801 as follows: "Such aid shall consist of money payments to, medical care in behalf of, or any type of remedial care in behalf of needy individuals from eighteen to sixty-five years of age who are disabled so as to be substantially precluded from engaging in useful work by reason of medically determinable physical impairment which can be expected to be permanent, but shall 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 (1) who is a patient in an institution for tuberculosis or mental disease or (2) who has been diagnosed as having tuberculosis or psychosis and is a patient in a medical institution as a result thereof."

In order to facilitate the administration of the program, practical interpretations are placed on the foregoing definition. For example, the State Division has interpreted this definition to include "an individual (who) has some physical or psychological impairment, verifiable by medical findings, from which recovery or marked improvement cannot be expected, and which substantially precludes him from engaging in useful occupations within his competence." It also states that "the improvement must be of major importance and must be a condition not likely to improve or which will continue throughout the lifetime of the individual. A condition which is considered.....as unlikely to respond to any known therapeutic procedures or which is considered as likely to become worse unless certain therapeutic procedures are carried out, shall be considered to be permanent as long as treatment is unavailable or undesirable." Mention is made that "'Permanence' does not rule out the possibility of rehabilitation, re-

storation or even recovery from the impairment. The discovery of new drugs or other advances in medical treatment may at some future time change a 'permanent' situation, but pending actual improvement the impairment may be considered to be permanent."

Any needy individual may then receive aid if he meets the following requirements stated in the 1955 Supplement to the Nebraska Statutes, Article 8, Section 68-803 as follows:

He may receive aid if he:

- 1) Has been a resident of the State of Nebraska five years during the nine years immediately preceding the date of the application for aid to the permanently and totally disabled person, and has resided therein continuously for one year immediately preceding the application;
- 2) Is not receiving old age assistance, blind assistance, or aid to dependent children payments;
- 3) Has no parent, child, husband, or wife residing in the State of Nebraska who can support the applicant by the payment of money or otherwise;
- 4) Has not deprived himself, directly or indirectly, of any property whatsoever for the purpose of qualifying for aid to the disabled;
- 5) Has no income or resources available for his support; and
- 6) Individuals receiving care in a public or private institution may be granted aid to the disabled only if such institution is subject to state authority or authorities

which shall be responsible for establishing and maintaining standards for such institutions.

The individual seeking aid must apply to the County Public Welfare Division. Here, all eligibility is determined except that pertaining to the disability. This is determined by the State Review Team which consists of "a physician, licensed to practice medicine and surgery in Nebraska, and a social worker". The decision is reached after considering social information gained by the county division and medical information submitted by the examining physician or from other "existing medical evidence".

The examining physician may be any physician licensed to practice in the state and must complete a form sent by the county division after examining the patient. This form is then returned to the county division and is used by the Review Team. "Existing medical evidence may be that from the records of the applicant's physician and/or from a clinic or hospital in which he has been a patient. The records must be related directly to the impairment and be a record of treatment received by the applicant within the past year."

The examining physician is reimbursed for his services by the county division and the applicant will be paid for transportation, meals and lodging if the ex-

amination must be performed away from his home.

The State Review Team after considering the information given it, reaches a decision as to whether the applicant is or is not permanently and totally disabled or that the applicant is permanently and totally disabled, but will be subject to review for the disability. This review includes re-examination of the applicant at such intervals as the review team decides.

If the application is accepted, the applicant will receive a maximum of \$65.00 per month to provide for his basic needs, such as food, shelter, and clothing. General medical care and drugs will be provided according to the general medical program of the Public Welfare Division.

## Unmarried Parents and Children

There is no special assistance program which is administered to provide aid to unmarried mothers and their children. However, any unmarried parent may ask the County Division of Public Welfare for help or a request for service may be initiated by another individual or agency who learns of a need for help in planning in behalf of unmarried parents or their child according to the State Plan and Manual.

The manual also states that "the services of the County Division are available to every child born out of wedlock and to all unmarried parents, regardless of their age, residence, financial situation, or whether the child remains with either parent."

When information about an unmarried mother is received; the County Division arranges an interview with her in order to explain her rights, responsibilities, and the services available. The County Division then gives the service which the unmarried mother may request. This service may include assisting with plans for the care of the child, assistance in relinquishing custody of the child, or in arranging for service from a private agency of the mother's choice. If the unmarried mother lives in another county and wishes further

service from a County Division, the caseworker arranges for the appropriate referral.

When study of the situation indicates that the mother is incapable of planning or is being exploited by some other persons, the County Division consults her family and/or the county attorney about measures to be taken for her care and protection of the child.

The hospital utilized for delivery and postpartum care of an unmarried, pregnant woman depends on the location and the financial circumstances of the patient. Private hospitals are utilized in most instances, however, The Child Saving Institute with hospital facilities at University Hospital and Booth Memorial Hospital are available charity facilities in Omaha.

A child born out of wedlock may be relinquished by the mother and her signature and that of a witness is sufficient. However, if the mother is a minor, the signature of her parents or of a guardian should be obtained as an additional safeguard.

## Services for Crippled Children

The State Division of Public Welfare through its Office of Services for Crippled Children functions in cooperation with the United States Children's Bureau in accordance with a plan agreed upon by that agency and the State Board of Public Welfare. The Social Security Act passed in 1935 authorized the appropriation of Federal Funds for Services for Crippled Children and in 1939 additional federal funds were made available, through the Crippled Children's Bureau by an amendment to the Social Security Act for the purpose of helping states develop services for children. The Office of Services for Crippled Children is responsible for providing facilities for diagnosis, medical and surgical treatment, hospitalization and after-care for children who are eligible for these services.

The State Division of Public Welfare exercises general supervision over the program with the Office of Services for Crippled Children determining eligibility and providing service. The County Division of Public Welfare participates with the Office of Services for Crippled Children in giving information about the program, in case finding, supplying information used



in determining eligibility, planning with parents or interested persons for appointments and transportation, and other necessary services.

A Crippled Children's Committee is appointed by the Governor which is composed of nine members, two of whom are licensed practicing physicians in the State of Nebraska, who serve without salary or compensation for a period of four years. The committee serves as an advisory body to the division exercising supervision over the program.

The Nebraska Statutes, Chapter 71, Article 14, Section 71-1404 define a crippled child as follows: "a crippled child is one under twenty-one years of age, unmarried, and of sound mind, afflicted with a harelip, cleft palate, hernia, congenital cataract or disability resulting from congenital or acquired heart disease, or any congenital abnormality or orthopedic condition that can be cured or materially improved. The orthopedic condition or deformity referred to above shall include any deformity or disease of childhood generally recognized by the medical profession, and it shall include deformities resulting from burns. It shall not include recent fractures, except those sufficiently severe or complicated as are likely to result in permanent de-

formity or disability if not treated immediately." However, since funds and facilities for providing service are limited, the Board of Control has adopted the following policy in interpreting the definition. "In selecting children for hospitalization, professional services, convalescent and other care, preference should be given to children under sixteen years of age who are suffering from orthopedic conditions offering obvious promise of recovery or improvement, to whom shall be given as complete medical and social service as possible." This policy denotes preference only and other cases are accepted if eligible, including cleft palates and lips, extrophy of the bladder and burn contractures. Diabetic and other medical problems are accepted for diagnosis and consultation only.

Funds needed for the administration of the program are provided from Federal and State tax funds.

Children in need of medical care become known to the Services for Crippled Children through referring physicians, County Welfare Divisions, birth registrations, school census, and interested groups or individuals.

The physician is instrumental in the referral of patients to the program through direct recommendation

to the patient and through the birth registration. It is the physician's responsibility to record any congenital deformity on the birth registration form. This in turn, is registered with the Department of Health who enters the child's name in the Child Register. The case is then discussed with the physician for possible aid through the Services for Crippled Children.

The Child Register is maintained in order to provide information to the state legislature, U. S. Children's Bureau, and the state department. It is a census of crippled children in the state and is officially known as the State Register of Crippled Children. The Register contains information concerning responsibility of care, identifying information and diagnosis. The responsibility of registering the child falls on the County Division of Public Welfare. Children under private care as well as those under the care of the Services for Crippled Children are included in the Register.

Eligibility for care through the Services for Crippled Children is determined by the Division of Services for Crippled Children when an application is received. All applications are reviewed by the Chief of the Division of Services for Crippled Children and the Supervisor of Medical Social Work. If the patient

is obviously ineligible from a medical standpoint, other resources for meeting his need or problem are suggested. If there seems to be some doubt regarding the diagnosis, an appointment is arranged for examination through the program and the medical need is then determined after completion of the preliminary examination at a treatment center.

The final decision as to the eligibility of the child is then based upon the medical need, the probable cost of care, the financial ability of the parents to provide it, the attitude of the family toward financial participation, and the availability of other facilities and resources which might be utilized for meeting the need.

If the child is eligible, an appointment is made for treatment, with the time of the appointment varying with the urgency of the situation. Treatment plans are initiated after consultation by various specialists, and after obtaining the consent of the parent(s) or guardian.

The Services for Crippled Children program is administered through three subdivisions, namely: The Rheumatic Fever and Congenital Heart Program, The Cleft Palate and Harelip Program, and the Orthopedic Program. Each Program provides diagnostic clinics, treatment

centers or facilities, and follow-up services.

The clinics are operated on an extension and permanent basis. Since it is inconvenient or impossible for some patients to come to permanent clinics, extension clinics in communities out-state have been provided. Each program has its own schedule of extension and permanent clinics, except the Cleft Palate and Harelip Program, and these will be discussed in more detail along with the discussion of the particular program. Convalescent care, treatment centers and follow-up services will also be discussed.

The Rheumatic Fever and Congenital Heart Program

The Rheumatic Fever and Congenital Heart Program maintains its permanent clinic at the University of Nebraska College of Medicine Dispensary in Omaha. The Clinic is held once a week every week and a pediatrician is present at all its meetings. Extension clinics are held at McCook and North Platte semi-annually and provide a pediatrician at their meetings. These clinics are maintained to provide diagnostic, therapeutic and follow-up facilities. Here, the child is seen by the pediatrician for diagnosis and recommendations for treatment. All out-patient treatment and follow-up care is handled through the clinics, with a written

report submitted to the family physician after each visit from the patient. If recommendations affecting school activities are made, a written report is sent the school so as to avoid any misunderstanding. In all cases, any condition not directly affecting the lesion under treatment will not be treated by the clinic, but referred to the family physician.

Diagnostic aid from the clinics may be received for any child in the state, regardless of his eligibility. However, to receive treatment, the child must be found eligible by the Services for Crippled Children. If he is found to be eligible, any congenital heart defect or rheumatic lesion will be treated.

If hospitalization is required, and is recommended by the attending physician at the heart clinic, it is provided at the University Hospital and paid for by the Services for Crippled Children. The hospital provides all the facilities of any similar large, modern hospital and in addition, the child receives the benefit of consultation from the staff.

Congenital heart lesions are diagnosed at the heart clinic and if surgery is recommended, the patient is referred to Children's Memorial Hospital in Chicago. This hospital has been designated by the Children's Bureau to perform heart surgery and the child's care is

paid from federal funds. However, the child's transportation must be provided by the child's parents or guardian.

Convalescent care, when needed and recommended, is provided at the Hattie B. Monroe Home in Omaha and is paid for by the Services for Crippled Children.

Follow-up care is provided at one of the heart clinics and medication will be provided by the Services for Crippled Children if the parents are found to be unable to provide it.

#### The Cleft Palate and Harelip Program

This program provides services for the correction of congenital cleft palate and lip to those patients found eligible by the Services for Crippled Children.

No extension or permanent clinics are maintained under this program, so all patients must be seen in the private office of Dr. Shearer, an oral surgeon, in Omaha.

The Immanuel Hospital in Omaha provides surgical and pediatric care for those children requiring treatment for cleft palate and lip. Emergency admission to the hospital may be arranged by a telephone call to the Director of Services for Crippled Children, or the Supervisor of Medical Social Work.

All follow-up care is provided through Dr. Shearer's private office.

### The Orthopedic Program

The Orthopedic Program maintains permanent and extension clinics, a treatment center, and provides convalescent care.

The extension clinics are held in the following communities: Chadron, Alliance, Scottsbluff, Ainsworth, O'Neil, Wayne, Norfolk, Hastings, Grand Island, Lexington, Kearney, McCook, Ogallala, North Platte, and Broken Bow. Permanent clinics are held at the Orthopedic Hospital in Lincoln and the University of Nebraska Dispensary in Omaha. The clinics are staffed by at least one orthopedist and one pediatrician from the University Hospital staff. Diagnosis and treatment are carried out in the clinics, but no facilities for treatment are provided.

Orthopedic patients previously accepted for care through the Division of Services for Crippled Children are seen by appointment at the clinics. New patients may be seen if they have made application or if they have been referred by the family physician. It is the policy of the Services for Crippled Children to require a medical referral on all cases who have not pre-



viously been certified for services or who have not completed an application. Any child under twenty-one may be seen for diagnosis only, even though he may be medically ineligible for treatment. Following the clinic visit, medical reports regarding new patients are sent to the referring physicians. If orthopedic care is indicated, an application blank is enclosed for completion by the physician.

All patients in need of hospitalization for orthopedic care through Services for Crippled Children must receive such hospitalization at the Orthopedic Hospital in Lincoln as far as facilities permit.

The purpose of the Nebraska Orthopedic Hospital according to the Nebraska Statutes, Chapter 83, Article 3, Section 83-301 is to provide care for "crippled, ruptured and deformed children, and those suffering from diseases from which they are likely to become deformed.'

Procedure for admission to the Orthopedic Hospital is stated in the Nebraska Statutes, Chapter 83, Article 3, Section 83-302 as follows: "Each application for admission to the Nebraska Orthopedic Hospital shall be accompanied by the certificate of a legally qualified physician or surgeon certifying that he has personally

examined the proposed patient and reporting in detail the result of his examination, together with a complete history of the case. The application shall contain a detailed statement of the financial condition of the proposed patient, or of the patient's parent or husband, and shall be accompanied by the certificate of some reputable citizen of the community stating that he is personally acquainted with the facts, and that the financial conditions are correctly represented in the application. If, from the report and statement, it is the opinion of the physician or surgeon in charge of the hospital that there is a reasonable chance for the patient to be benefited by the proposed medical or surgical treatment, and it appears that neither the patient, nor the parent or husband of the patient, is financially able to provide the necessary medical or surgical treatment, the application shall be approved and the patient received. The entire cost of the examination and of conveying the patient to and from the hospital shall be paid by the patient, by his relatives or friends, or by the county in which he resides."

The hospital is maintained from funds appropriated from state funds especially for that purpose and from gifts designated specifically for this purpose which are

paid into the state treasury.

Patients are admitted to the hospital for the conditions set forth by the Nebraska Statutes under the statement of the purpose of the hospital and are for the most part orthopedic cases. Patients may also be admitted as an emergency case on application to the hospital superintendent. However, if the patient is subsequently to be cared for by the Services for Crippled Children, an application must be completed through the County Division of Public Welfare. Children in other state institutions may be admitted if the institution does not provide the needed care or facilities.

The hospital provides all the medical, surgical, and rehabilitation facilities needed to adequately treat the patient along with educational facilities so that the child can keep up with his school work. Children are kept only as long as is needed and if convalescent care is needed and recommended it is provided at the Hattie B. Monroe Home in Omaha.

#### Cerebral Palsy Unit

A special unit for the care of children with cerebral palsy has been set up at the Orthopedic Hospital. This unit admits children for limited periods

for evaluation, physical and occupational therapy, speech training and other necessary services. Admission is by application and medical referral to the Director of the unit (Dr. John . Thomas) at the Orthopedic Hospital. Children anywhere in the state are eligible.

## Tuberculosis

All cases of active or inactive tuberculosis occurring in the State of Nebraska must be reported to the Public Health Department by the physician. The Public Health Department does not have an organized program to meet the medical needs of indigent tuberculosis patients, but it does provide diagnostic help and follow-up care through the State Public Health Laboratory in Lincoln and the Visiting Nurses Association (V.N.A.). Treatment is provided at the University Hospital and the State Tuberculosis Hospital at Kearney.

The State Public Health Laboratory in Lincoln provides any physician in the state with certain laboratory facilities. Among these is the service of culturing and interpreting smears of sputum for acid fast bacilli. The laboratory will furnish instructions for collection and will accept sputum specimen from any physician in the state. Thus, the physician may pass on the service to his needy patients.

The Public Health Department through the V.N.A. provides the services of registered nurses who will call on and instruct any patient who has tuberculosis. The nurses provide information concerning the patient's environment and family situation, supervise therapy and

generally provide follow-up services for the patient. There are four Public Health offices which provide visiting nurses and one nurse is assigned to the entire state. The four district offices are located at Omaha, Lincoln, Scottsbluff, and Grand Island. Nurses from these offices provide service in their respective districts while the state nurse covers those patients over the state which may not be covered by the other districts.

Treatment is provided at the University Hospital and the State Tuberculosis Hospital at Kearney. Private hospitals may be utilized in some instances, but the above institutions are the only facilities on a state wide level.

The eligibility requirements for admission to the University Hospital are the same for tuberculosis patients as for any other. Extrapulmonary lesions and tuberculosis occurring in children are treated at the University Hospital if the patient cannot afford private care or if the patient is a welfare recipient. Both medical and surgical care is provided the patient, along with necessary medication. Payment for the services is arranged through the County Division of Public Welfare according to the financial status of the individual. Follow-up care is provided through the clinics at the

University Dispensary and by the V.N.A.

The State Tuberculosis Hospital is located at Kearney, Nebraska. Its purpose is to provide treatment for any person in the State of Nebraska who has tuberculosis, but for practical purposes, it is limited to the treatment of adult pulmonary tuberculosis. The hospital is staffed by full time physicians, nurses, and technicians who provide medical and surgical treatment.

Any patient in the state may be admitted to the hospital, whether he is financially able to pay in full or otherwise. The Nebraska Statutes, Chapter 83, Article 4, Sections 83-361 and 83-362 state the procedure and rules for admission and the expenses involved as follows: "Whenever application for admission to the state hospital for indigent tuberculosis persons is made, a full report as to proposed patient's condition and circumstance shall be made in detail to the Board of Control by a legally qualified physician practicing in the State of Nebraska. If the board regards the proposed patient as a proper subject for admission to the hospital, a permit for the patient's admission shall be issued upon the recommendation of the superintendent of the hospital. The entire cost of the examination of the patient and of conveying the patient to or from

the hospital, when not paid by his relatives or friends, shall be paid by the county from which the patient is admitted to the hospital. Any indigent tuberculosis person who is already an inmate of another county or state charitable institution may be transferred to the state hospital. Where the Board of Control regards the proposed patient as a proper subject for admission to the hospital, but is unable because of lack of facilities or shortage of necessary medical or nursing assistance to care for such patients, it may contract with the county board of any county to provide for the care and maintenance of any such indigent person having tuberculosis and reimburse the county for such care and maintenance out of state funds appropriated for support and maintenance of the state tuberculosis hospital at the rate of five dollars per day."

"The Board of Control may at its discretion, admit other tuberculosis patients to the state hospital for indigent tuberculosis persons on the terms and rules that the board may prescribe, whenever the result will not be to limit the advantages of the hospital for indigent tuberculosis persons. All income from patients, or from any other source, shall be paid into the State Treasury and placed to the credit of the hospital."



Follow-up care is provided at the hospital if  
so recommended or preferred by the patient.

## Psychiatric Program

At the present time there is no state governmental agency which administers a program to aid the indigent psychiatric patient. However, the facilities and care available to an indigent psychiatric patient in the state are among the finest available. These facilities include psychiatric hospitals in Omaha, Lincoln, Norfolk, and Hastings; psychiatric clinics in Hastings and Scottsbluff; and out-patient facilities at all the aforementioned hospitals.

Any patient in the state may receive psychiatric evaluation at either the clinics or hospital out-patient departments, however only those patients found eligible can receive treatment at no cost to them. All recipients of Welfare Division programs who have already been found to be medically indigent are eligible for psychiatric care. In addition, patients who are not medically indigent may be found psychiatrically indigent, since the cost of psychiatric care is greater, and may be treated at one of the state facilities. If eligibility has not already been established, the patient's eligibility is decided by the members of the staff at the Nebraska Psychiatric Institute as part of the evaluation and admission procedure.

Indigent patients, both children and adults, should be referred by the family physician to the nearest clinic or psychiatric hospital with the consent of the parent or guardian in the case of a child, and with the consent of the patient in the case of an adult. The patient should present a letter from the referring physician discussing the pertinent points of the patient's history upon entering the hospital. Evaluation of the patient as to his eligibility, psychiatric and social problems, and further care will be made at the hospital by the staff.

Recommendations will then be made in accordance with the problem presenting, and the patient will be referred to the most suitable treatment center or arrangements will be made for out-patient care.

Patients may be committed to a psychiatric institution against their will by the decision of the county board instituted for this purpose or by the recommendation of two practicing physicians. In a case of this nature the same admitting procedures will be carried out and the patient admitted to the institution most suitable for treatment.

Patients may be referred to the Nebraska Psychiatric Institute through the Psychiatry Clinic at the University College of Medicine Dispensary. These patients

usually have been seen in the dispensary and are then referred to the institute regarding their psychiatric problems.

The psychiatric hospitals at Omaha, Lincoln, Hastings and Norfolk all have complete facilities for treating both in-patients or out-patients with psychiatric problems. However, patients are selected more carefully with regard to teaching value and response to intensified therapy for admission to the Nebraska Psychiatric Institute in Omaha. Since research and teaching programs are more intense here, more facilities and physicians are available for therapeutic purposes and the prognosis for recovery in suitable cases is excellent. Hence, patients are treated for a maximum of ninety days, and if the expected results are not forthcoming, they are transferred to other institutions. (With this program it has been possible to achieve desirable results in about ninety percent of the in-patients.)

Facilities provided in the hospitals include general medical care, psychotherapy, occupational therapy, recreational therapy, electroconvulsive therapy and insulin therapy. Out-patient care may be carried on during interviews at suitable intervals or on a day-patient basis. If the patient is being seen on a

day-patient basis, he comes to the institute in the morning and stays until late afternoon, spending the evening and night at home.

The clinics provide psychiatric out-patient care where previously psychiatric care had been limited. The clinic at Scottsbluff (Western Psychiatric Clinic) is held at St. Mary's Hospital and is staffed by a practicing psychiatrist in the area. The clinic at Hastings (Central Nebraska Mental Hygiene Clinic) is held at the Clinic Building in that city and is similarly staffed. These clinics meet every week day and provide facilities for evaluation and out-patient care. Physicians may refer patients directly to these clinics where they will be evaluated and referred to the proper institution or clinic.

The cost of in-patient care in any of the institutions is \$3.50 per day. If the patient has been accepted and is able to pay any or all of this fee, he is expected to do so. If he is a recipient of another governmental aid program, the resident county pays the fee. Any patient may be seen in the clinics, and if he is able to pay the charge is considerably reduced from the cost of private care. However, if he is indigent, the cost is paid by the appropriate government agency.

## The Mentally Deficient

Since most of the mental retardation problems are discovered early in life, the following discussion will refer for the most part to the mentally deficient child. However, in the event that mental retardation does not become a problem until adult life, the same principles will hold for the adult as well as the child.

The Nebraska Statutes, Chapter 83, Article 2, Section 83-219, define a mentally retarded individual as follows: "The words 'feeble-minded person' shall mean any person afflicted with mental defectiveness from birth or from an early age, so pronounced that he is incapable of managing himself and his affairs and of subsisting by his own efforts, or of being taught to do so, or that he requires supervision, control and care for his own welfare, or for the welfare of others, or for the welfare of the community, and who cannot be classified as an 'insane person'." The Board of Control has interpreted this definition as follows: "A mentally deficient child is one whose mental ability is so much below normal that plans for his education and social development require special consideration."

If the child meets the requirements of the above

definitions he is eligible for services provided through the State Public Welfare Division and the Beatrice State Home. The County Public Welfare Division will counsel the family and after making an investigation, will advise the family as to the facilities for care of the child.

The State Plan and Manual states that "Any person may file a petition with the county court, or in the case of a child, with either the county court or the juvenile court, asking that the feeble-minded person named in the petition be committed to the institution (Beatrice State Home). The petition must also present a certificate, signed by a legally qualified physician and stating that the physician has examined the person named in the petition and believes him to be feeble-minded. The statutes require that the court have also a report of tests given to determine mental capacity, by a person qualified to give such tests, before a final order is entered."

All mentally deficient individuals are committed to the Beatrice State Home at Beatrice, Nebraska. The institution is operated under the Board of Control and provides custodial care and educational facilities for mentally deficient persons of any age. The educational

facilities which are available for those who are capable of learning include training in industrial, mechanical, and agricultural subjects as well as academic fields. Persons must be committed by rule of a county or juvenile court. Some patients are received by transfer from another state institution, such as one of the psychiatric hospitals.

In the course of commitment, it may be possible for the child to be released for varying periods of time to the responsible parent or guardian. The length of time will depend upon the status of the child and is decided by the staff of the institution. There is no supervision by any state agency during these periods, but if the child is to remain at home for more than thirty days, the County Public Welfare Division is notified.

It is also possible for the child to obtain a conditional release. If obtained, the child is allowed to remain at home for indefinite periods if behavior is satisfactory. However, before such a release is obtained, the child is supervised for varying periods of time by the County Public Welfare Division.

Cost of care is paid by the responsible relatives whenever possible. Details of this aspect are concise-



ly presented in The State Plan and Manual as follows:  
"All or part of the charges for care are met by the patient through his guardian, or by his parents or spouse, if they have resources or income sufficient to pay for the maintenance without depriving themselves or others dependent upon them of reasonable care and support. When the family is unable to pay, the costs of maintenance are charged to the county of the child's residence. If the patient, his parents or spouse, are able to pay for the costs of maintenance but are not doing so, the County Board may take legal action to collect the amount due. The charge is based on the per capita cost of maintaining patients at the Beatrice State Home. The amount due for the care of each patient is determined on a quarterly basis. Payments by the family are made directly to the Beatrice State Home."

Sterilization requirements of mentally deficient patients are in effect in this state and are also set forth in The State Plan and Manual as follows: "By provision of the Nebraska Statutes, all mentally deficient persons capable of conception must be sterilized before they can leave the institution on a routine visit or on conditional release. The parent desiring a

child's conditional release makes a written request to the superintendent of the institution that the child be sterilized. The Board of Control designates five physicians from the medical staffs of the state institutions under their jurisdiction to constitute a Board of Examiners of Defectives. The Board of Examiners makes a finding regarding the necessity for the patient's sterilization."

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