



Children with Special Health Care Needs Client Demographics Report

As Required by

2018-2019 General Appropriations

Act, Senate Bill 1, 85th

Legislature, Regular Session, 2017

(Article II, Health and Human

Services Commission, Rider 118d)

Health and Human Services

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1. Introduction

The *Children with Special Health Care Needs Client Demographics Report* for fiscal year 2018 is submitted in compliance with the 2018-19 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission [HHSC], Rider 118d).

Rider 118d requires HHSC to submit a report on Children with Special Health Care Needs (CSHCN) program client demographics yearly by December 1 to the Governor and Legislative Budget Board. The report must include a demographic description of both the population served by the program, and of those individuals on the program's waitlist. Descriptive data shall include information regarding income, citizenship, and other healthcare resources (i.e., insured status).

CSHCN provides benefits to low-income children, under the age of 21, with special health care needs, as well as people of any age with cystic fibrosis. The program helps with:

- Medical, dental, and mental health care
- Prescription drugs
- Special therapies
- Case management
- Family support services
- Travel to health care visits
- Insurance premiums
- Transportation of deceased clients

CSHCN is funded with Federal Title V Maternal Child Health Block Grant funding, state general revenue funding required for maintenance of effort, and state general revenue funds. CSHCN is a payer of last resort. Individuals are placed on a waitlist for health care benefits whenever there are insufficient funds to support all individuals seeking health care benefits through the program. Those individuals are pulled from the waitlist when funding becomes available to serve additional clients.

2. Required Data

In fiscal year 2018, CSHCN served 1,566 clients (see Table 1). Of these, 61 percent were at or below 100 percent of the federal poverty level (FPL), 89 percent had no insurance coverage (see Table 2), and 82 percent were non-citizens (see Table 3). As of August 31, 2018, there were 665 eligible individuals on the CSHCN waitlistⁱ.

Table 1. Income Levels

Percent of FPL	Number of Clients Served ^a	Percent of Clients Served	Number of Eligible Clients on Waitlist
100% of FPL or less	954	60.92%	358
101-150% of FPL	400	25.54%	144
151-200% of FPL	184	11.75%	108
201% of FPL or above ^b	28	1.79%	55
Total	1566	100.00%	665

^a Clients served numbers may change due to a 95-day claims filing deadline.

^b Proof of spenddown is required for all clients above 200 percent of FPL. Household income exceeding 200 percent of the FPL can be adjusted by deducting documented household medical expenses from total income.

ⁱ Clients are pulled from the waitlist based on age, urgency of need, and the date of application. The program has developed rules for the acceptance of new clients off of the waitlist in the following order of priority: (1) under 21 years old with urgent need; (2) over 21 years old, with urgent need and cystic fibrosis; (3) under 21 years old without an urgent need; and (4) over 21 years old, without an urgent need and with cystic fibrosis. The HHSC rules regarding wait lists can be found at 25 Texas Administrative Code, [Health Services](#), §38.16, [Procedures to Address Program Budget Alignment](#).

Table 2. Insurance Status

Insurance Type^c	Number of Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist
Medicaid	101	6.45%	343
Children's Health Insurance Plan (CHIP)	21	1.34%	37
Private Insurance	45	2.87%	66
None	1399	89.34%	219
Total	1566	100.00%	665

^c Clients may be eligible for more than one type of insurance coverage (Medicaid, CHIP, or private insurance) at different times in the reporting year. Therefore, the number of clients served in this report used a hierarchical methodology to list a unique count of clients. Any clients who were enrolled in Medicaid at any time in the year were listed under Medicaid. Then, from the remaining client pool, anyone who was enrolled in CHIP at any time in the year was listed under CHIP. All remaining clients who have private insurance were listed under private insurance, and then all clients with no other coverage during the year were listed as "none."

Table 3. Citizenship Status^d

Citizenship Status	Number of Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist
Citizen / Legal Resident	288	18.39%	509
Non-Citizen	1278	81.61%	156
Total	1566	100.00%	665

^d On the program application, the applicant may disclose whether they are a U.S. citizen, an eligible alien, or a non-citizen. In Table 3, U.S. citizens and eligible aliens are counted as "Citizen / Legal Resident." Demographic information from Medicaid or CHIP eligibility determinations is used to determine non-citizen status if a client does not disclose their citizenship status on the program application.