



Children with Special Health Care Needs Client Demographics Report

As Required by

**House Bill 1, 86th Legislature, Regular
Session, 2019 (Article II, Health and
Human Services Commission, Rider 87)**

Health and Human Services

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TEXAS
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1. Introduction

The *Children with Special Health Care Needs Client Demographics* report for fiscal year 2019 is submitted in compliance with the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 87).

Rider 87 requires HHSC to submit a report annually, by December 1, to the Governor and the 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 healthcare benefits whenever there are insufficient funds to support all individuals seeking healthcare benefits through the program. Those individuals are transitioned from the waitlist to CSHCN services when funding becomes available to serve additional clients.

2. Client Demographics

In fiscal year 2019, CSHCN served 1,595 clients (see Table 1). Of these, 55 percent were at or below 100 percent of the federal poverty level (FPL), 91 percent had no insurance coverage (see Table 2), and 81 percent were non-citizens (see Table 3). As of August 31, 2019, there were 579 eligible individuals on the CSHCN waitlist.¹

Table 1: Income Levels

Percent of FPL	Number of Clients Served ⁱ	Percent of Clients Served	Number of Eligible Clients on Waitlist
100% of FPL or less	885	55.49%	288
101-150% of FPL	406	25.45%	138
151-200% of FPL	256	16.05%	89
201% of FPL or aboveⁱⁱ	48	3.01%	64
Total	1,595	100.00%	579

¹ Clients are transitioned 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 from 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 Typeⁱⁱⁱ	Number of Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist
Medicaid^{iv}	77	4.83%	399
Children's Health Insurance Plan (CHIP)	16	1.00%	36
Private Insurance	46	2.88%	69
None	1,456	91.29%	75
Total	1,595	100.00%	579

Table 3. Citizen Status

Citizenship Status^v	Number of Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist
Citizen/Legal Resident	309	19.37%	527
Non-Citizen	1,286	80.63%	52
Total	1,595	100.00%	579

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

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

ⁱⁱⁱ 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. 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 clients with no other coverage during the year were listed as "none." Before clients are provided benefits during a waitlist transition, coverages are verified and updated.

^{iv} Medicaid status is verified annually. Services provided by CSHCN are not duplicative of services provided by Medicaid.

^v CSHCN Services Program application for benefits does not require the disclosure of citizenship. There are two ways in which the program will receive information regarding a client's citizenship. A client may self-disclose this information by indicating their citizenship status through the application packet, or the program will receive this information when receiving a Medicaid denial letter, as the denial letter would indicate reason as "non-citizen".