



Children with Special Health Care Needs Client Demographics Report

**As Required by 2020-2021
General Appropriations Act, 86th
Legislature, Regular Session, 2019
(Article II, Health and Human
Services Commission, Rider 87)**

**Health and Human Services
Commission**

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Introduction

The Children with Special Health Care Needs Client Demographics Report for fiscal year 2020 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 on the Children with Special Health Care Needs (CSHCN) Program's client demographics yearly 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 will include information regarding income, citizenship, and other health care resources (i.e., insured status).

Background

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; and
- 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 payor of last resort. The CSHCN Program maintains a waitlist of participants seeking health care benefits whenever appropriated funding is insufficient to support the demand for benefits. Those individuals are pulled from the waitlist when funding becomes available to serve additional clients.

Clients transition 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.

In fiscal year 2020, CSHCN served 1,569 clients (see Table 1). Of these, 57.5 percent were at or below 100 percent of the federal poverty level (FPL), 91.6 percent had no insurance coverage (see Table 2), and 79.9 percent were non-citizens (see Table 3). As of September 30, 2020, there were 578 eligible individuals on the CSHCN waitlist. Data in this report is subject to change due to 95-day claims filing deadline.

Required Data

Income Levels

To be eligible for services, program applicants must have an income level at or below 200 percent of the federal poverty level (FPL), or, if over income, applicants may apply qualifying medical expenses to spenddown their income to the eligible level. 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.

Table 1: Income Levels

Percent of FPL	Number Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist	Percent of Waitlist
100% of FPL or less	902	57.5%	324	56.1%
101-150% of FPL	410	26.1%	116	20.1%
151-200% of FPL	220	14.0%	80	13.8%
201% of FPL or above	37	2.0%	58	10.0%
Total	1569	100.0%	578	100.0%

Insurance Status

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. Program staff verify Medicaid status annually, and services paid for by Medicaid cannot be paid for by CSHCN.

From the remaining client pool, anyone who was enrolled in the Children's Insurance Program (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.

Table 2. Insurance Status

Insurance type	Number Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist	Percent of WL
Medicaid	77	4.9%	396	68.5%
CHIP	5	0.3%	24	4.2%

Private Insurance	50	3.2%	55	9.5%
None	1,437	91.6%	103	17.8%
Total	1,569	100.0%	578	100.0%

Citizenship Status

CSHCN Services Program’s application for benefits does not require the disclosure of citizenship. Program receives information regarding a client’s citizenship in two ways. A client may self-disclose this information by indicating their citizenship status through the application packet. Additionally, Program receives this information from a Medicaid denial letter which indicates the reason as “non-citizen.”

Table 3. Citizenship Status

Citizenship Status	Number Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist	Percent of WL
Citizen / Legal Resident	315	20.1%	487	84.3%
Non-Citizen	1,254	79.9%	91	15.7%
Total	1,569	100.0%	578	100.0%