



# **Children with Special Health Care Needs Client Demographics Report**

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**As Required by  
2022-23 General Appropriations Act,  
87th Legislature, Regular Session, 2021  
(Article II, Health and Human Services  
Commission, Rider 76)**

**Texas Health and Human Services  
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# Introduction

The Children with Special Health Care Needs Client Demographics Report for fiscal year 2021 is submitted in compliance with the 2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 ([Article II, Health and Human Services Commission \[HHSC\], Rider 76](#)).

Rider 76 requires HHSC to submit a report on the Children with Special Health Care Needs (CSHCN) Services 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 waiting list. Descriptive data includes 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 program maintains a waiting list of participants seeking health care benefits whenever appropriated funding is insufficient to support the demand for benefits. Those individuals are pulled from the waiting list when funding becomes available to serve additional clients.

Clients transition from the waiting list based on age, urgency of need, and the date of application. The Program has developed rules for the acceptance of new clients from the waiting list 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 the waiting list can be found at 25 Texas Administrative Code, Health Services, §38.16, Procedures to Address Program Budget Alignment.

In fiscal year 2021, CSHCN served 1,505 clients (see Table 1). Of these, 58.7 percent were at or below 100 percent of the federal poverty level (FPL), 93.1 percent had no insurance coverage (see Table 2), and 78.2 percent were non-citizens (see Table 3). As of August 31, 2021, there were 265 eligible individuals on the CSHCN waiting list. Data in this report is subject to change due to 95-day claims filing deadline.

# 1. Required Data

## Income Levels

To be eligible for services, program applicants must have an income level at or below 200 percent of the 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	883	58.7%	156	58.9%
101-150% of FPL	392	26.0%	54	20.4%
151-200% of FPL	204	13.6%	43	16.2%
201% of FPL or above	26	1.7%	12	4.5%
<b>Total</b>	<b>1505</b>	<b>100.0%</b>	<b>265</b>	<b>100.0%</b>

## Insurance Status

Clients may be eligible for more than one type of insurance coverage (Medicaid, Children’s Insurance Program (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 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 waiting list 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 Waitlist
Medicaid	46	3.06%	87	32.8%
CHIP	10	0.66%	2	0.8%
Private Insurance	48	3.19%	8	3.0%
None	1401	93.09%	168	63.4%
<b>Total</b>	<b>1505</b>	<b>100.0%</b>	<b>265</b>	<b>100.0%</b>

## 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 might receive 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 Waitlist
Citizen / Legal Resident	328	21.8%	127	47.9%
Non-Citizen	1177	78.2%	138	52.1%
<b>Total</b>	<b>1,505</b>	<b>100.0%</b>	<b>265</b>	<b>100.0%</b>