



Children with Special Health Care Needs Client Demographics Report

**As Required by
2022-2023 General Appropriations Act,
87th Legislature, Regular Session, 2021
(Article II, Health and Human Services
Commission, Rider 76a)**

**Texas Health and Human Services
December 2022**



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Introduction

The Children with Special Health Care Needs (CSHCN) Services Program submits the Client Demographics Report for fiscal year 2022 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 76a](#)).

Rider 76a requires the Health and Human Services Commission to submit a report on the CSHCN Services Program 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 waiting list. Descriptive data includes information regarding income, other health care resources (i.e., insured status), and citizenship.

Background

The CSHCN Services Program 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 assists with:

- Medical, dental, and mental health care;
- Prescription drugs;
- Special therapies;
- Case management;
- Family support services;
- Travel to health care visits; and
- Insurance premiums.

The CSHCN Services Program is funded with a combination of federal Title V Maternal Child Health Block Grant funding and state general revenue funding. The program is a payor of last resort.

The program maintains a waiting list of clients seeking health care benefits when appropriated funding is insufficient to support the demand for benefits. These clients are removed 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. In fiscal year 2022, the program had three waiting list removals that resulted in 529 clients being removed from the waiting list and eligible for program benefits. The Health and Human Services Commission rules regarding the waiting list can be found in [Title 26 of the Texas Administrative Code in Part 1, Section 351.16](#)

In fiscal year 2022, the program served 1,531 clients (see Table 1). Of these, 60.55 percent were at or below 100 percent of the federal poverty level (FPL), 93.66 percent had no insurance coverage (see Table 2), and 78.90 percent were non-citizens (see Table 3). As of August 31, 2022, there were 292 eligible individuals on the CSHCN waiting list. The data in this report is subject to change due to the 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 FPL, or, if over program income limits, applicants may apply qualifying medical expenses to spend down their household income to the eligible level. Proof of “spenddown” is required for all clients above 200 percent FPL.

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	927	60.55%	156	53.43%
101-150% of FPL	394	25.74%	69	23.63%
151-200% of FPL	181	11.82%	45	15.41%
201% of FPL or above	29	1.89%	22	7.53%
Total	1,531	100.00%	292	100.00%

Insured Status

Clients may be eligible for more than one type of insurance coverage (Medicaid, Children’s Health Insurance Program (CHIP), or private insurance) at different times in the reporting year. This report uses a hierarchical methodology to report a unique count for number of clients served within each insurance status.

First, any clients who were enrolled in Medicaid at any time in the year are listed under Medicaid. The program’s staff verify Medicaid status during the annual renewal process and update client records when notified of insurance changes because services eligible to be paid for by Medicaid cannot be paid for by the program.

From the remaining client pool, anyone who was enrolled in CHIP at any time in the year is listed under CHIP. All remaining clients who have private insurance are listed under private insurance, and clients with no other coverage during the year are listed as “none.” Coverages are verified and updated before clients are provided benefits during a waiting list transition.

Table 2. Insurance Status

Insurance Type	Number Clients Served	Percent of Clients Served	Number of Eligible Clients on Waitlist	Percent of Waitlist
Medicaid	46	3.00%	161	55.14%
CHIP	3	0.20%	3	1.03%
Private Insurance	48	3.14%	17	5.82%
None	1,434	93.66%	111	38.01%
Total	1,531	100.00%	292	100.00%

Citizenship Status

The CSHCN Services Program application for benefits does not require the disclosure of citizenship. The program receives information regarding a client’s citizenship in two ways: 1) a client may self-disclose this information by indicating their citizenship status through the application packet; or 2) the program can receive the information when receiving 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	323	21.10%	196	67.12%
Non-Citizen	1,208	78.90%	96	32.88%
Total	1,531	100.00%	292	100.00%