Children with Special Health Care Needs
Client Services Data

As Required by
2020-21 General Appropriations Act, House
Bill 1, 86th Legislature, Regular Session, 2019
(Article II, Health and Human Services
Commission, Rider 87(b)(2))

Health and Human Services

December 2020
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Introduction

The Children with Special Health Care Needs (CSHCN) Program submits the Client Services Data Report for fiscal year 2020 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 data on CSHCN program caseload and prescription drug data, including related expenditures, for at least the preceding 36 months and forecast projections for the 36-month period beginning with the first month after the data is due.
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. Program services are paid for through nine billing categories, including:

1. Durable Medical Equipment: This includes tangible support services to assist clients with living and community needs, like wheelchairs.
2. Drugs and Supplies: These include medications, blood factor replacement products, and nutritional products or associated supplies.
3. Family Support Services: These include disability-related support, resources, or other assistance and may be provided to the family of a client with special health care needs.
4. Home Health: This includes medical and paraprofessional aide provided in the client’s home.
5. Other Hospital: This includes medically necessary services provided in an outpatient hospital setting such as testing and outpatient procedures.
6. Inpatient Hospital: This includes medically necessary services provided while client is admitted to inpatient hospital care.
7. Physician and Professional Services: These include care provided by special therapies including medically necessary occupational, physical, and speech therapy, as well as medical specialists.
8. Insurance Premiums: Payment of public or private health insurance premiums to maintain or acquire a health benefit plan or other third-party coverage for the client. Payments are reimbursements of private employer plans.
9. Transportation: This includes travel to health care visits and transportation for 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. 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.

Actuarial projections of client services costs are based upon historical expenditures in the CSHCN program, using trend analysis and specific program information. Rudd & Wilson, Inc. – Actuarial Services prepared these projections.
Required Data

Caseload and expenditure data for the preceding 36 months is included in Tables 1-10. As required by the Legislative Budget Board (LBB), Tables 1-10 display the client services by month and then by fiscal year in their respective category. Fiscal year summary displays the cost per person eligible and served as annual averages and using unduplicated client counts. One client may receive services in more than one category and across more than one month. Tables include actual expenditures as of September 30, 2020; data in this report is subject to change due to 95-day claims filing deadline.

Table 1. All Services

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Table 2. Durable Medical Equipment

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<th>Cost Per Person Eligible</th>
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Table 3. Drugs and Supplies

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<th>Cost Per Person Served</th>
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<td>Cost Per Person Served</td>
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Table 4. Family Support Services

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<th>Cost Per Person Eligible</th>
<th>Cost Per Person Served</th>
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<td>Cost Per Person Eligible</td>
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Table 5. Home Health

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<th>Cost Per Person Eligible</th>
<th>Cost Per Person Served</th>
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<th>Cost Per Person Served</th>
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Table 7. Inpatient Hospital

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Table 8. Physician and Professional Services

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<th>Cost Per Person Eligible</th>
<th>Cost Per Person Served</th>
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### Table 9. Insurance Premiums

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<th>Cost Per Person Served</th>
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**Table 10. Transportation**

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## Table 11: Projection Values by Month

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<th>Outpatient Hospital</th>
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FY 22: $957,061 | $14,737,188 | $43,404 | $3,283,043 | $80,197 | $3,090,892 | $1,950,501 | $71,034 | $24,213,320

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FY 24: $797,735 + $13,514,264 + $37,597 + $2,789,896 + $69,468 + $2,601,411 + $1,641,615 + $59,210 = $21,511,196
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