



House Bill 1, 80th Session, Article II,
 Department of State Health Services, Rider 49(e)
 September 2008 Report

**Children With Special Health Care Needs (CSHCN) Services Program
 Demographics of Clients Served - Ongoing Health Care Benefit**

Time Period: FY08, September 1, 2007 - August 31, 2008 (Interim)

Table 1

Income - % of Federal Poverty (FPL)	Clients Served	% of Clients Served
100% and less	1,318	61.16%
101% - 150%	531	24.64%
151% - 200%	272	12.62%
201% or above *	34	1.58%
Grand Total	2,155	

* Proof of spenddown is required for all clients above 200% of the Federal Poverty Income Level (FPL). Spenddown is defined as financial eligibility achieved when household income exceeds 200% of the FPL, if the applicant's family can document its responsibility for household medical bills that are equal to or greater than the amount in excess of the 200% of FPL.

Insurance Type	Clients Served	% of Clients Served
Medicaid	125	5.80%
CHIP	107	4.97%
Private Insurance	77	3.57%
None	1,846	85.66%
Grand Total	2,155	

1. CSHCN Services Program requires that individuals potentially eligible for Medicaid or CHIP (Children's Health Insurance Program) apply to those programs. CSHCN Services Program is the payer of last resort. A client that is eligible to receive program services that has an alternate form of insurance may still be covered by CSHCN Services Program to cover services that are not covered by their primary insurance type.
2. Clients may be eligible for more than one type of coverage (Medicaid, CHIP or private insurance) at different times in the reporting year. Therefore, the number of clients served in this report used a hierachial methodology to list a unique count of clients. Any clients who were eligible for Medicaid at any time in the year were listed under Medicaid. Then, from the remaining client pool anyone who was eligible for CHIP at any time in the year were listed under CHIP. All remaining clients who have private insurance were listed under private insurance, and then all clients with no other coverage during the year were listed as none.

Citizenship	Clients Served	% of Clients Served
Citizen/ Legal Resident	414	19.21%
Non-Citizen	1,730	80.28%
Unknown	11	0.51%
Grand Total	2,155	

1. CSHCN Services Program is a Maternal and Child Health Block (Title V) program. Individuals are not required to produce proof of citizenship to be provided health services under Title V.
2. Citizenship / legal residency is voluntarily self reported at time of application and the accuracy of the information is not validated.