

**TABLE 1
 MEDICAID BENEFICIARIES AND EXPENDITURES
 TOTAL AND FEE-FOR-SERVICE (FFS)
 WASHINGTON DC, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	146,668	100%	91,830	63%	\$728,074,873	100%	\$558,528,831	77%
Age								
0-3	18,935	13%	11,365	60%	\$43,390,684	6%	\$17,419,295	40%
4-5	10,025	7%	4,845	48%	\$12,346,287	2%	\$2,809,750	23%
6-12	31,297	21%	14,294	46%	\$54,921,924	8%	\$16,701,239	30%
13-18	15,823	11%	7,943	50%	\$60,469,419	8%	\$28,721,020	48%
19-21	6,567	4%	3,672	56%	\$20,335,600	3%	\$8,631,207	42%
22-44	34,922	24%	22,143	63%	\$189,278,267	26%	\$144,122,963	76%
45-64	15,108	10%	13,600	90%	\$170,338,899	23%	\$164,444,779	97%
65 and older	13,889	9%	13,866	100%	\$176,993,793	24%	\$175,678,578	99%
Gender								
Female	88,096	60%	54,317	62%	\$405,078,390	56%	\$302,413,154	75%
Male	58,409	40%	37,358	64%	\$322,964,185	44%	\$256,111,582	79%
Race								
White	2,742	2%	2,583	94%	\$37,009,145	5%	\$36,192,052	98%
Black	128,688	88%	75,873	59%	\$607,312,202	83%	\$449,479,910	74%
Hispanic	7,969	5%	6,594	83%	\$22,454,398	3%	\$15,927,358	71%
American Indian/Alaskan Native	20	0%	13	65%	\$182,944	0%	\$170,694	93%
Asian/Pacific Islander	5,952	4%	5,543	93%	\$51,830,831	7%	\$48,356,267	93%
Other/Unknown	1,297	1%	1,224	94%	\$9,285,353	1%	\$8,402,550	90%
Dual Status								
Aged Duals with Full Medicaid	11,251	8%	11,237	100%	\$151,127,734	21%	\$149,883,664	99%
Disabled Duals with Full Medicaid	5,844	4%	5,832	100%	\$64,129,440	9%	\$63,216,122	99%
Duals with Limited Medicaid	0	0%	0	0%	\$0	0%	\$0	0%
Other Duals	239	0%	205	86%	\$2,644,275	0%	\$2,494,179	94%
Disabled Non-Duals	20,944	14%	19,289	92%	\$286,729,105	39%	\$252,435,907	88%
All Other Non-Duals	108,390	74%	55,267	51%	\$223,444,319	31%	\$90,498,959	41%
Eligibility Group								
Aged	9,894	7%	9,894	100%	\$152,229,370	21%	\$151,080,407	99%
Disabled	29,807	20%	28,140	94%	\$368,686,572	51%	\$333,356,973	90%
Adults	33,055	23%	17,332	52%	\$77,883,334	11%	\$24,850,963	32%
Children	73,877	50%	36,429	49%	\$129,275,597	18%	\$49,240,488	38%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
WASHINGTON DC, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	91,830	8,158	9%	\$558,528,831	\$159,739,128	29%
Age						
0-3	11,365	94	1%	\$17,419,295	\$1,065,141	6%
4-5	4,845	184	4%	\$2,809,750	\$808,418	29%
6-12	14,294	1,266	9%	\$16,701,239	\$8,657,696	52%
13-18	7,943	1,022	13%	\$28,721,020	\$20,316,641	71%
19-21	3,672	237	6%	\$8,631,207	\$2,932,487	34%
22-44	22,143	2,711	12%	\$144,122,963	\$56,107,261	39%
45-64	13,600	2,207	16%	\$164,444,779	\$55,846,344	34%
65 and Older	13,866	437	3%	\$175,678,578	\$14,005,140	8%
Gender						
Female	54,317	4,417	8%	\$302,413,154	\$74,942,752	25%
Male	37,358	3,741	10%	\$256,111,582	\$84,796,376	33%
Race						
White	2,583	348	13%	\$36,192,052	\$10,847,134	30%
Black	75,873	6,781	9%	\$449,479,910	\$126,972,623	28%
Hispanic	6,594	150	2%	\$15,927,358	\$2,385,877	15%
American Indian/Alaskan Native	13	1	8%	\$170,694	\$2,562	2%
Asian/Pacific Islander	5,543	738	13%	\$48,356,267	\$15,881,406	33%
Other/Unknown	1,224	140	11%	\$8,402,550	\$3,649,526	43%
Dual Status						
Aged Duals with Full Medicaid	11,237	292	3%	\$149,883,664	\$7,491,892	5%
Disabled Duals with Full Medicaid	5,832	725	12%	\$63,216,122	\$16,121,361	26%
Duals with Limited Medicaid	0	0	0%	\$0	\$0	0%
Other Duals	205	14	7%	\$2,494,179	\$170,930	7%
Disabled Non-Duals	19,289	4,082	21%	\$252,435,907	\$102,586,177	41%
All Other Non-Duals	55,267	3,045	6%	\$90,498,959	\$33,368,768	37%
Eligibility Group						
Aged	9,894	253	3%	\$151,080,407	\$9,622,995	6%
Disabled	28,140	4,932	18%	\$333,356,973	\$120,949,627	36%
Adults	17,332	677	4%	\$24,850,963	\$2,658,452	11%
Children	36,429	2,296	6%	\$49,240,488	\$26,508,054	54%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
WASHINGTON DC, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	1,837	23%	28	1%	1,649	34%	160	37%
Major depression and affective psychoses	1,403	17%	214	8%	1,132	23%	57	13%
Other psychoses	554	7%	26	1%	433	9%	95	22%
Childhood psychoses	49	1%	34	1%	14	0%	1	0%
Neurotic & other depressive disorders	1,483	18%	429	15%	979	20%	75	17%
Personality disorders	41	1%	4	0%	36	1%	1	0%
Other mental disorders	61	1%	9	0%	40	1%	12	3%
Special symptoms or syndromes	101	1%	23	1%	67	1%	11	3%
Stress & adjustment reactions	1,376	17%	1,044	37%	321	7%	11	3%
Conduct disorders	523	6%	291	10%	223	5%	9	2%
Emotional disturbances	274	3%	260	9%	14	0%	0	0%
Hyperkinetic syndrome	451	6%	441	16%	9	0%	1	0%
No Diagnosis	5	0%	0	0%	1	0%	4	1%
Total	8,158	100%	2,803	100%	4,918	100%	437	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
WASHINGTON DC, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
		Number of Users	Average Annual Days Per User	Mental Health Treatment		Mental Health Treatment			Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
				Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User			
Female	0-3	0	0	0	0	0	0%	0	10	22%	29
	4-5	0	0	0	0	0	0%	0	3	4%	2
	6-12	2	27	23	35	23	4%	38	2	0%	2
	13-18	8	14	67	65	74	16%	60	51	11%	17
	19-21	3	17	13	14	15	12%	16	25	20%	8
	22-44	5	0	263	14	268	17%	14	372	24%	11
	45-64	4	0	145	16	149	12%	15	410	32%	13
	65+	19	42	9	11	28	9%	32	127	40%	13
All Ages	41	25	520	22	557	13%	22	1,000	23%	12	
Male	0-3	0	0	0	0	0	0%	0	4	8%	4
	4-5	0	0	2	13	2	2%	13	7	7%	1
	6-12	4	23	61	38	63	8%	39	32	4%	9
	13-18	9	21	85	48	92	17%	47	19	3%	24
	19-21	11	21	15	25	24	22%	25	9	8%	34
	22-44	10	7	200	16	209	18%	16	244	21%	15
	45-64	14	0	117	15	131	14%	13	297	32%	21
	65+	10	49	8	17	18	16%	35	48	41%	5
All Ages	58	19	488	25	539	14%	24	660	18%	17	
Total	0-3	0	0	0	0	0	0%	0	14	15%	22
	4-5	0	0	2	13	2	1%	13	10	5%	1
	6-12	6	24	84	38	86	7%	38	34	3%	9
	13-18	17	18	152	56	166	16%	53	70	7%	19
	19-21	14	20	28	20	39	16%	22	34	14%	15
	22-44	15	5	463	15	477	18%	15	616	23%	12
	45-64	18	0	262	15	280	13%	14	707	32%	16
	65+	29	45	17	14	46	11%	33	175	40%	11
All Ages	99	21	1,008	23	1,096	13%	23	1,660	20%	14	

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
WASHINGTON DC, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	17	37%	0.06	1.71	1.76	523	10%	1.23
	4-5	22	26%	0.00	1.36	1.36	132	6%	1.23
	6-12	61	12%	0.08	1.16	1.25	281	4%	1.15
	13-18	126	27%	0.08	1.57	1.65	270	7%	1.37
	19-21	52	41%	0.23	1.92	2.15	296	13%	1.53
	22-44	612	39%	0.40	2.72	3.12	1,809	13%	1.83
	45-64	520	40%	0.24	2.51	2.74	1,121	19%	2.11
	65+	58	18%	0.16	1.72	1.88	254	3%	1.60
	All Ages	1,468	33%	0.28	2.38	2.66	4,686	9%	1.71
Male	0-3	12	25%	0.00	1.92	1.92	624	11%	1.29
	4-5	19	19%	0.00	1.11	1.11	177	8%	1.21
	6-12	136	18%	0.09	1.24	1.33	340	5%	1.18
	13-18	106	19%	0.05	1.54	1.58	193	6%	1.18
	19-21	24	22%	0.33	1.29	1.63	98	9%	1.51
	22-44	411	36%	0.63	2.73	3.36	833	15%	2.44
	45-64	345	38%	0.34	2.86	3.19	986	18%	2.27
	65+	27	23%	0.15	2.00	2.15	135	4%	1.94
	All Ages	1,080	29%	0.38	2.38	2.75	3,386	10%	1.87
Total	0-3	29	31%	0.03	1.79	1.83	1,147	10%	1.26
	4-5	41	22%	0.00	1.24	1.24	309	7%	1.22
	6-12	197	16%	0.09	1.22	1.30	621	5%	1.17
	13-18	232	23%	0.06	1.56	1.62	463	7%	1.29
	19-21	76	32%	0.26	1.72	1.99	394	11%	1.52
	22-44	1,023	38%	0.49	2.72	3.22	2,642	14%	2.02
	45-64	865	39%	0.28	2.65	2.92	2,107	18%	2.18
	65+	85	19%	0.15	1.81	1.96	389	3%	1.72
	All Ages	2,548	31%	0.32	2.38	2.70	8,072	10%	1.78

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
WASHINGTON DC, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	107	1%	6	6%	101	1%
4-5	82	2%	30	16%	52	1%
6-12	711	5%	417	33%	294	2%
13-18	468	6%	319	31%	149	2%
19-21	140	4%	60	25%	80	2%
22-44	3,203	14%	1,494	55%	1,709	9%
45-64	4,042	30%	1,414	64%	2,628	23%
65+	2,720	20%	228	52%	2,492	19%
All Ages	11,473	12%	3,968	49%	7,505	9%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WASHINGTON DC, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	28	18%	46%	14%	4%	4%	21%	14%
Major depression and affective psychoses	214	31%	21%	13%	5%	11%	25%	16%
Other psychoses	26	12%	58%	19%	0%	8%	23%	4%
Childhood psychoses	34	9%	29%	9%	0%	6%	12%	47%
Neurotic & other depressive disorders	429	23%	12%	14%	2%	8%	18%	26%
Personality disorders	4	50%	50%	25%	25%	0%	50%	0%
Other mental disorders	9	11%	0%	11%	0%	0%	0%	67%
Special symptoms or syndromes	23	9%	0%	4%	0%	0%	4%	52%
Stress & adjustment reactions	1,044	8%	4%	4%	0%	10%	7%	31%
Conduct disorders	291	13%	11%	5%	2%	11%	11%	24%
Emotional disturbances	260	13%	6%	5%	1%	10%	8%	32%
Hyperkinetic syndrome	441	12%	7%	4%	1%	46%	15%	15%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	2,803	14%	9%	7%	1%	15%	12%	70%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WASHINGTON DC, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,649	27%	54%	26%	5%	0%	36%	17%
Major depression and affective psychoses	1,132	50%	33%	37%	6%	1%	43%	17%
Other psychoses	433	21%	36%	21%	3%	0%	25%	21%
Childhood psychoses	14	43%	57%	57%	7%	0%	64%	14%
Neurotic & other depressive disorders	979	44%	18%	40%	2%	1%	33%	21%
Personality disorders	36	33%	25%	31%	0%	0%	31%	31%
Other mental disorders	40	28%	10%	33%	0%	3%	20%	45%
Special symptoms or syndromes	67	27%	15%	42%	0%	0%	25%	33%
Stress & adjustment reactions	321	25%	9%	21%	0%	1%	17%	34%
Conduct disorders	223	25%	58%	48%	4%	0%	47%	13%
Emotional disturbances	14	14%	14%	50%	7%	0%	36%	36%
Hyperkinetic syndrome	9	11%	33%	78%	0%	0%	33%	0%
No Diagnosis	1	0%	100%	0%	0%	0%	0%	0%
Total	4,918	35%	37%	32%	4%	0%	35%	41%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
WASHINGTON DC, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	160	15%	46%	21%	3%	1%	24%	19%
Major depression and affective psychoses	57	47%	28%	46%	4%	5%	44%	19%
Other psychoses	95	14%	25%	19%	1%	0%	17%	38%
Childhood psychoses	1	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	75	44%	12%	47%	0%	1%	31%	12%
Personality disorders	1	0%	0%	0%	0%	0%	0%	100%
Other mental disorders	12	8%	17%	25%	0%	0%	17%	50%
Special symptoms or syndromes	11	18%	9%	9%	0%	0%	9%	55%
Stress & adjustment reactions	11	18%	9%	9%	0%	0%	9%	45%
Conduct disorders	9	22%	44%	44%	0%	0%	33%	11%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	1	0%	100%	0%	0%	100%	100%	0%
No Diagnosis	4	25%	25%	25%	0%	0%	25%	25%
Total	437	24%	30%	28%	2%	2%	26%	48%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).