

**TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
VIRGINIA, 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	696,419	100%	611,197	88%	\$2,271,414,052	100%	\$1,975,790,688	87%
Age								
0-3	113,973	16%	98,417	86%	\$191,338,275	8%	\$138,505,426	72%
4-5	47,059	7%	39,542	84%	\$43,038,988	2%	\$29,141,848	68%
6-12	142,115	20%	117,989	83%	\$130,779,870	6%	\$92,169,861	70%
13-18	87,091	13%	71,886	83%	\$120,382,320	5%	\$84,814,196	70%
19-21	26,099	4%	23,041	88%	\$64,921,401	3%	\$52,546,427	81%
22-44	119,761	17%	105,379	88%	\$563,288,098	25%	\$482,183,852	86%
45-64	61,054	9%	56,512	93%	\$457,917,450	20%	\$404,090,210	88%
65 and older	99,253	14%	98,417	99%	\$699,747,650	31%	\$692,338,868	99%
Gender								
Female	417,278	60%	366,949	88%	\$1,400,413,022	62%	\$1,212,424,675	87%
Male	279,141	40%	244,248	88%	\$871,001,030	38%	\$763,366,013	88%
Race								
White	317,596	46%	300,064	94%	\$1,275,563,619	56%	\$1,204,710,363	94%
Black	331,252	48%	266,087	80%	\$895,842,276	39%	\$679,818,718	76%
Hispanic	28,863	4%	27,599	96%	\$52,778,600	2%	\$48,595,605	92%
American Indian/Alaskan Native	862	0%	744	86%	\$2,180,252	0%	\$1,781,921	82%
Asian/Pacific Islander	16,507	2%	15,456	94%	\$41,746,433	2%	\$38,017,032	91%
Other/Unknown	1,339	0%	1,247	93%	\$3,302,872	0%	\$2,867,049	87%
Dual Status								
Aged Duals with Full Medicaid	63,093	9%	62,948	100%	\$621,271,501	27%	\$619,489,715	100%
Disabled Duals with Full Medicaid	32,349	5%	32,085	99%	\$368,018,059	16%	\$363,453,122	99%
Duals with Limited Medicaid	43,628	6%	43,628	100%	\$38,934,874	2%	\$38,780,988	100%
Other Duals	579	0%	531	92%	\$2,290,333	0%	\$2,132,136	93%
Disabled Non-Duals	80,391	12%	68,356	85%	\$642,095,809	28%	\$519,991,300	81%
All Other Non-Duals	476,379	68%	403,649	85%	\$598,803,476	26%	\$431,943,427	72%
Eligibility Group								
Aged	95,353	14%	94,758	99%	\$675,642,050	30%	\$671,102,818	99%
Disabled	132,709	19%	120,344	91%	\$1,043,575,097	46%	\$915,926,778	88%
Adults	97,600	14%	84,378	86%	\$188,369,108	8%	\$137,675,819	73%
Children	370,754	53%	311,714	84%	\$363,827,759	16%	\$251,085,235	69%

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
 VIRGINIA, 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	611,197	73,333	12%	\$1,975,790,688	\$532,130,088	27%
Age						
0-3	98,417	871	1%	\$138,505,426	\$3,822,498	3%
4-5	39,542	1,985	5%	\$29,141,848	\$3,996,513	14%
6-12	117,989	15,256	13%	\$92,169,861	\$29,856,816	32%
13-18	71,886	10,684	15%	\$84,814,196	\$29,761,277	35%
19-21	23,041	1,675	7%	\$52,546,427	\$10,451,382	20%
22-44	105,379	20,078	19%	\$482,183,852	\$163,692,511	34%
45-64	56,512	12,675	22%	\$404,090,210	\$124,913,108	31%
65 and Older	98,417	10,109	10%	\$692,338,868	\$165,635,983	24%
Gender						
Female	366,949	41,032	11%	\$1,212,424,675	\$316,023,316	26%
Male	244,248	32,301	13%	\$763,366,013	\$216,106,772	28%
Race						
White	300,064	46,087	15%	\$1,204,710,363	\$351,752,339	29%
Black	266,087	25,618	10%	\$679,818,718	\$170,034,054	25%
Hispanic	27,599	812	3%	\$48,595,605	\$4,384,631	9%
American Indian/Alaskan Native	744	72	10%	\$1,781,921	\$405,787	23%
Asian/Pacific Islander	15,456	650	4%	\$38,017,032	\$4,861,892	13%
Other/Unknown	1,247	94	8%	\$2,867,049	\$691,385	24%
Dual Status						
Aged Duals with Full Medicaid	62,948	8,330	13%	\$619,489,715	\$152,271,929	25%
Disabled Duals with Full Medicaid	32,085	10,063	31%	\$363,453,122	\$120,405,250	33%
Duals with Limited Medicaid	43,628	4,102	9%	\$38,780,988	\$8,981,513	23%
Other Duals	531	160	30%	\$2,132,136	\$974,099	46%
Disabled Non-Duals	68,356	19,236	28%	\$519,991,300	\$171,032,216	33%
All Other Non-Duals	403,649	31,442	8%	\$431,943,427	\$78,465,081	18%
Eligibility Group						
Aged	94,758	9,626	10%	\$671,102,818	\$160,606,746	24%
Disabled	120,344	32,683	27%	\$915,926,778	\$300,609,265	33%
Adults	84,378	6,987	8%	\$137,675,819	\$23,391,621	17%
Children	311,714	24,037	8%	\$251,085,235	\$47,522,456	19%

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
VIRGINIA, 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	9,698	13%	272	1%	7,787	24%	1,639	16%
Major depression and affective psychoses	14,727	20%	3,084	10%	9,542	29%	2,101	21%
Other psychoses	3,069	4%	186	1%	1,227	4%	1,656	16%
Childhood psychoses	726	1%	526	2%	188	1%	12	0%
Neurotic & other depressive disorders	15,251	21%	3,798	12%	8,837	27%	2,616	26%
Personality disorders	541	1%	79	0%	413	1%	49	0%
Other mental disorders	1,428	2%	213	1%	532	2%	683	7%
Special symptoms or syndromes	2,546	3%	972	3%	1,236	4%	338	3%
Stress & adjustment reactions	9,229	13%	6,137	20%	2,455	8%	637	6%
Conduct disorders	1,797	2%	1,407	5%	332	1%	58	1%
Emotional disturbances	1,835	3%	1,799	6%	25	0%	11	0%
Hyperkinetic syndrome	12,174	17%	11,987	39%	179	1%	8	0%
No Diagnosis	312	0%	11	0%	0	0%	301	3%
Total	73,333	100%	30,471	100%	32,753	100%	10,109	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
VIRGINIA, 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	2	5	2	1%	5	52	13%	16
	4-5	0	0	6	3	6	1%	3	30	4%	5
	6-12	66	10	85	8	138	3%	10	105	2%	6
	13-18	237	9	299	6	486	10%	8	298	6%	5
	19-21	22	7	90	6	103	10%	7	302	28%	4
	22-44	1	0	1,424	6	1,425	11%	6	2,331	18%	5
	45-64	0	0	779	6	779	9%	6	1,857	22%	5
	65+	393	83	336	2	698	9%	48	2,481	33%	1
	All Ages	719	49	3,021	6	3,637	9%	14	7,456	18%	4
Male	0-3	0	0	3	2	3	1%	2	72	15%	5
	4-5	12	6	11	8	23	2%	7	43	3%	4
	6-12	212	10	185	9	368	4%	10	187	2%	4
	13-18	264	9	260	7	467	8%	9	156	3%	6
	19-21	30	7	65	6	87	14%	7	38	6%	10
	22-44	2	2	1,029	5	1,031	15%	5	903	13%	4
	45-64	0	0	502	5	502	12%	5	959	22%	4
	65+	301	65	111	1	402	16%	49	899	35%	1
	All Ages	821	29	2,166	6	2,883	9%	13	3,257	10%	4
Total	0-3	0	0	5	3	5	1%	3	124	14%	10
	4-5	12	6	17	6	29	1%	6	73	4%	4
	6-12	278	10	270	9	506	3%	10	292	2%	5
	13-18	501	9	559	7	953	9%	8	454	4%	5
	19-21	52	7	155	6	190	11%	7	340	20%	5
	22-44	3	1	2,453	6	2,456	12%	6	3,234	16%	5
	45-64	0	0	1,281	6	1,281	10%	6	2,816	22%	5
	65+	694	75	447	2	1,100	11%	48	3,380	33%	1
	All Ages	1,540	39	5,187	6	6,520	9%	14	10,713	15%	4

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
VIRGINIA, 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	183	46%	0.12	2.09	2.21	15,130	32%	1.85
	4-5	249	34%	0.03	1.81	1.84	4,096	22%	1.59
	6-12	1,253	25%	0.06	1.61	1.67	8,756	17%	1.50
	13-18	1,974	41%	0.18	2.13	2.31	7,065	21%	1.70
	19-21	590	55%	0.30	2.97	3.27	5,487	31%	1.93
	22-44	5,566	43%	0.29	3.25	3.54	18,063	27%	2.02
	45-64	2,278	27%	0.25	2.94	3.19	4,792	19%	2.24
	65+	216	3%	0.10	2.13	2.23	1,107	2%	1.69
	All Ages	12,309	30%	0.23	2.77	3.00	64,496	20%	1.85
Male	0-3	245	51%	0.09	2.25	2.34	17,096	34%	1.92
	4-5	406	32%	0.02	1.90	1.92	4,598	24%	1.61
	6-12	2,592	25%	0.06	1.56	1.62	8,933	18%	1.49
	13-18	1,827	31%	0.11	1.74	1.85	5,185	18%	1.54
	19-21	219	36%	0.37	2.21	2.58	696	20%	1.77
	22-44	1,605	23%	0.45	2.97	3.42	3,359	18%	2.29
	45-64	831	19%	0.32	2.71	3.03	2,699	15%	2.22
	65+	87	3%	0.11	2.20	2.31	561	2%	1.63
	All Ages	7,812	24%	0.19	2.08	2.27	43,127	20%	1.79
Total	0-3	428	49%	0.10	2.18	2.29	32,226	33%	1.88
	4-5	655	33%	0.02	1.87	1.89	8,694	23%	1.60
	6-12	3,845	25%	0.06	1.58	1.64	17,689	17%	1.49
	13-18	3,801	36%	0.15	1.94	2.09	12,250	20%	1.63
	19-21	809	48%	0.32	2.77	3.09	6,183	29%	1.92
	22-44	7,171	36%	0.33	3.19	3.51	21,422	25%	2.07
	45-64	3,109	25%	0.27	2.88	3.15	7,491	17%	2.23
	65+	303	3%	0.11	2.15	2.25	1,668	2%	1.67
	All Ages	20,121	27%	0.22	2.50	2.72	107,623	20%	1.83

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
VIRGINIA, 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	3,044	3%	132	15%	2,912	3%
4-5	2,158	5%	726	37%	1,432	4%
6-12	15,657	13%	9,945	65%	5,712	6%
13-18	9,711	14%	6,293	59%	3,418	6%
19-21	2,311	10%	1,035	62%	1,276	6%
22-44	28,989	28%	15,291	76%	13,698	16%
45-64	24,539	43%	10,153	80%	14,386	33%
65+	35,584	36%	7,560	75%	28,024	32%
All Ages	121,993	20%	51,135	70%	70,858	13%

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
VIRGINIA, 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	272	45%	76%	23%	11%	11%	56%	7%
Major depression and affective psychoses	3,084	57%	27%	16%	7%	20%	38%	17%
Other psychoses	186	33%	59%	20%	2%	17%	46%	12%
Childhood psychoses	526	23%	29%	18%	1%	20%	25%	31%
Neurotic & other depressive disorders	3,798	40%	9%	15%	1%	16%	22%	29%
Personality disorders	79	28%	13%	8%	8%	18%	20%	39%
Other mental disorders	213	15%	8%	19%	1%	8%	11%	47%
Special symptoms or syndromes	972	15%	4%	9%	0%	6%	8%	59%
Stress & adjustment reactions	6,137	18%	5%	7%	1%	16%	11%	42%
Conduct disorders	1,407	18%	10%	9%	2%	19%	14%	39%
Emotional disturbances	1,799	23%	11%	8%	2%	22%	17%	34%
Hyperkinetic syndrome	11,987	20%	7%	7%	1%	75%	23%	10%
No Diagnosis	11	36%	27%	9%	9%	9%	27%	9%
Total	30,471	26%	11%	10%	2%	40%	21%	40%

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
VIRGINIA, 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	7,787	38%	79%	37%	12%	1%	56%	3%
Major depression and affective psychoses	9,542	67%	35%	52%	10%	2%	60%	7%
Other psychoses	1,227	38%	65%	39%	4%	1%	48%	8%
Childhood psychoses	188	39%	54%	39%	5%	2%	48%	10%
Neurotic & other depressive disorders	8,837	63%	14%	58%	1%	2%	49%	11%
Personality disorders	413	55%	40%	54%	5%	2%	56%	14%
Other mental disorders	532	38%	29%	42%	3%	1%	36%	23%
Special symptoms or syndromes	1,236	48%	10%	44%	1%	1%	34%	24%
Stress & adjustment reactions	2,455	49%	16%	42%	1%	2%	37%	24%
Conduct disorders	332	41%	50%	48%	6%	2%	50%	12%
Emotional disturbances	25	28%	36%	28%	4%	0%	28%	28%
Hyperkinetic syndrome	179	44%	15%	35%	3%	48%	43%	9%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	32,753	55%	39%	48%	6%	2%	52%	22%

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
VIRGINIA, 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	1,639	33%	78%	39%	5%	1%	52%	4%
Major depression and affective psychoses	2,101	67%	45%	52%	6%	2%	62%	4%
Other psychoses	1,656	37%	48%	43%	1%	1%	43%	21%
Childhood psychoses	12	17%	17%	42%	0%	0%	17%	42%
Neurotic & other depressive disorders	2,616	55%	24%	52%	0%	1%	46%	9%
Personality disorders	49	51%	55%	41%	10%	0%	51%	16%
Other mental disorders	683	26%	33%	38%	0%	0%	30%	36%
Special symptoms or syndromes	338	41%	30%	51%	0%	0%	39%	17%
Stress & adjustment reactions	637	51%	26%	49%	0%	2%	42%	17%
Conduct disorders	58	41%	50%	48%	0%	0%	43%	12%
Emotional disturbances	11	9%	18%	64%	0%	0%	27%	27%
Hyperkinetic syndrome	8	38%	13%	25%	0%	0%	38%	63%
No Diagnosis	301	11%	14%	7%	0%	0%	12%	4%
Total	10,109	47%	42%	46%	2%	1%	47%	25%

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+).