

**TABLE 1
 MEDICAID BENEFICIARIES AND EXPENDITURES
 TOTAL AND FEE-FOR-SERVICE (FFS)
 DELAWARE, 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	116,454	100%	51,558	44%	\$469,820,226	100%	\$230,047,974	49%
Age								
0-3	17,285	15%	5,524	32%	\$33,091,837	7%	\$4,217,159	13%
4-5	7,110	6%	2,356	33%	\$9,162,414	2%	\$896,887	10%
6-12	21,629	19%	6,618	31%	\$44,000,835	9%	\$3,740,514	9%
13-18	13,451	12%	4,912	37%	\$45,630,419	10%	\$8,596,850	19%
19-21	5,685	5%	2,848	50%	\$17,180,174	4%	\$2,787,269	16%
22-44	31,806	27%	15,525	49%	\$127,580,885	27%	\$57,980,236	45%
45-64	10,570	9%	5,282	50%	\$83,856,321	18%	\$46,255,879	55%
65 and older	8,918	8%	8,493	95%	\$109,317,341	23%	\$105,573,180	97%
Gender								
Female	69,460	60%	32,242	46%	\$278,104,032	59%	\$137,395,143	49%
Male	46,994	40%	19,316	41%	\$191,716,194	41%	\$92,652,831	48%
Race								
White	48,572	42%	22,836	47%	\$250,226,740	53%	\$140,044,922	56%
Black	51,884	45%	20,169	39%	\$168,892,417	36%	\$65,558,751	39%
Hispanic	10,745	9%	5,544	52%	\$23,359,506	5%	\$6,479,816	28%
American Indian/Alaskan Native	256	0%	123	48%	\$994,731	0%	\$407,988	41%
Asian/Pacific Islander	2,226	2%	1,222	55%	\$5,543,545	1%	\$1,775,687	32%
Other/Unknown	2,771	2%	1,664	60%	\$20,803,287	4%	\$15,780,810	76%
Dual Status								
Aged Duals with Full Medicaid	5,651	5%	5,520	98%	\$100,043,735	21%	\$98,718,757	99%
Disabled Duals with Full Medicaid	3,581	3%	3,386	95%	\$67,569,750	14%	\$64,988,905	96%
Duals with Limited Medicaid	4,239	4%	4,236	100%	\$5,817,060	1%	\$5,166,744	89%
Other Duals	567	0%	198	35%	\$2,303,950	0%	\$169,227	7%
Disabled Non-Duals	10,265	9%	2,212	22%	\$127,042,242	27%	\$41,014,631	32%
All Other Non-Duals	92,151	79%	36,006	39%	\$167,043,489	36%	\$19,989,710	12%
Eligibility Group								
Aged	8,530	7%	8,264	97%	\$107,328,841	23%	\$104,663,293	98%
Disabled	15,555	13%	7,293	47%	\$197,707,757	42%	\$108,476,875	55%
Adults	36,825	32%	17,011	46%	\$83,384,146	18%	\$5,431,878	7%
Children	55,544	48%	18,990	34%	\$81,399,482	17%	\$11,475,928	14%

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
 DELAWARE, 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	51,558	3,976	8%	\$230,047,974	\$40,009,188	17%
Age						
0-3	5,524	39	1%	\$4,217,159	\$118,201	3%
4-5	2,356	82	3%	\$896,887	\$80,980	9%
6-12	6,618	572	9%	\$3,740,514	\$1,753,744	47%
13-18	4,912	771	16%	\$8,596,850	\$6,306,787	73%
19-21	2,848	119	4%	\$2,787,269	\$406,467	15%
22-44	15,525	1,248	8%	\$57,980,236	\$9,980,379	17%
45-64	5,282	553	10%	\$46,255,879	\$6,723,944	15%
65 and Older	8,493	592	7%	\$105,573,180	\$14,638,686	14%
Gender						
Female	32,242	2,214	7%	\$137,395,143	\$20,394,268	15%
Male	19,316	1,762	9%	\$92,652,831	\$19,614,920	21%
Race						
White	22,836	2,287	10%	\$140,044,922	\$24,568,537	18%
Black	20,169	1,327	7%	\$65,558,751	\$12,653,093	19%
Hispanic	5,544	228	4%	\$6,479,816	\$1,199,252	19%
American Indian/Alaskan Native	123	9	7%	\$407,988	\$36,793	9%
Asian/Pacific Islander	1,222	34	3%	\$1,775,687	\$220,075	12%
Other/Unknown	1,664	91	5%	\$15,780,810	\$1,331,438	8%
Dual Status						
Aged Duals with Full Medicaid	5,520	502	9%	\$98,718,757	\$13,735,206	14%
Disabled Duals with Full Medicaid	3,386	646	19%	\$64,988,905	\$10,937,112	17%
Duals with Limited Medicaid	4,236	240	6%	\$5,166,744	\$514,355	10%
Other Duals	198	28	14%	\$169,227	\$30,214	18%
Disabled Non-Duals	2,212	398	18%	\$41,014,631	\$7,542,660	18%
All Other Non-Duals	36,006	2,162	6%	\$19,989,710	\$7,249,641	36%
Eligibility Group						
Aged	8,264	583	7%	\$104,663,293	\$14,456,455	14%
Disabled	7,293	1,214	17%	\$108,476,875	\$18,919,693	17%
Adults	17,011	875	5%	\$5,431,878	\$513,514	9%
Children	18,990	1,304	7%	\$11,475,928	\$6,119,526	53%

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
DELAWARE, 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	411	10%	8	1%	313	17%	90	15%
Major depression and affective psychoses	661	17%	80	5%	496	28%	85	14%
Other psychoses	205	5%	8	1%	52	3%	145	24%
Childhood psychoses	48	1%	24	2%	23	1%	1	0%
Neurotic & other depressive disorders	903	23%	133	8%	613	34%	157	27%
Personality disorders	30	1%	2	0%	21	1%	7	1%
Other mental disorders	98	2%	10	1%	46	3%	42	7%
Special symptoms or syndromes	120	3%	41	3%	59	3%	20	3%
Stress & adjustment reactions	593	15%	444	28%	130	7%	19	3%
Conduct disorders	432	11%	399	25%	30	2%	3	1%
Emotional disturbances	70	2%	68	4%	2	0%	0	0%
Hyperkinetic syndrome	365	9%	348	22%	16	1%	1	0%
No Diagnosis	40	1%	18	1%	0	0%	22	4%
Total	3,976	100%	1,583	100%	1,801	100%	592	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
DELAWARE, 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	0	0%	0
	4-5	0	0	0	0	0	0%	0	0	0%	0
	6-12	7	0	0	0	7	4%	0	4	2%	3
	13-18	35	4	8	0	41	16%	3	4	2%	5
	19-21	1	33	2	3	3	4%	13	5	6%	6
	22-44	0	0	16	1	16	2%	1	65	8%	2
	45-64	0	0	11	0	11	3%	0	54	15%	5
	65+	24	285	5	0	29	6%	236	109	24%	1
	All Ages	67	105	42	1	107	5%	66	241	11%	2
Male	0-3	0	0	0	0	0	0%	0	5	19%	12
	4-5	1	0	0	0	1	2%	0	1	2%	1
	6-12	20	0	3	0	21	6%	0	4	1%	8
	13-18	65	41	3	0	68	13%	39	4	1%	40
	19-21	0	0	0	0	0	0%	0	1	3%	1
	22-44	0	0	23	0	23	5%	0	36	9%	7
	45-64	0	0	6	6	6	3%	6	38	20%	5
	65+	18	216	1	0	19	15%	205	46	35%	1
	All Ages	104	63	36	1	138	8%	48	135	8%	5
Total	0-3	0	0	0	0	0	0%	0	5	13%	12
	4-5	1	0	0	0	1	1%	0	1	1%	1
	6-12	27	0	3	0	28	5%	0	8	1%	5
	13-18	100	28	11	0	109	14%	25	8	1%	23
	19-21	1	33	2	3	3	3%	13	6	5%	5
	22-44	0	0	39	0	39	3%	0	101	8%	4
	45-64	0	0	17	2	17	3%	2	92	17%	5
	65+	42	256	6	0	48	8%	224	155	26%	1
	All Ages	171	79	78	1	245	6%	55	376	9%	3

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
DELAWARE, 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	3	25%	0.00	1.00	1.00	202	8%	1.17
	4-5	1	4%	0.00	1.00	1.00	44	4%	1.16
	6-12	10	5%	0.00	1.10	1.10	72	2%	1.36
	13-18	24	9%	0.13	1.54	1.67	94	4%	1.21
	19-21	10	12%	0.10	1.30	1.40	148	7%	1.26
	22-44	54	7%	0.39	1.43	1.81	436	4%	1.34
	45-64	15	4%	0.47	4.27	4.73	74	3%	1.64
	65+	5	1%	0.80	2.40	3.20	25	0%	1.12
	All Ages	122	6%	0.30	1.79	2.08	1,095	4%	1.30
Male	0-3	10	37%	0.20	1.20	1.40	268	9%	1.32
	4-5	4	7%	0.00	1.00	1.00	58	5%	1.22
	6-12	19	5%	0.00	1.16	1.16	81	3%	1.15
	13-18	22	4%	0.00	1.32	1.32	63	4%	1.13
	19-21	1	3%	0.00	1.00	1.00	23	5%	1.48
	22-44	35	8%	0.49	1.83	2.31	157	4%	1.55
	45-64	13	7%	0.23	1.38	1.62	64	3%	1.52
	65+	3	2%	0.00	3.67	3.67	14	1%	1.79
	All Ages	107	6%	0.21	1.50	1.71	728	4%	1.36
Total	0-3	13	33%	0.15	1.15	1.31	470	9%	1.26
	4-5	5	6%	0.00	1.00	1.00	102	4%	1.20
	6-12	29	5%	0.00	1.14	1.14	153	3%	1.25
	13-18	46	6%	0.07	1.43	1.50	157	4%	1.18
	19-21	11	9%	0.09	1.27	1.36	171	6%	1.29
	22-44	89	7%	0.43	1.58	2.01	593	4%	1.39
	45-64	28	5%	0.36	2.93	3.29	138	3%	1.58
	65+	8	1%	0.50	2.88	3.38	39	0%	1.36
	All Ages	229	6%	0.25	1.66	1.91	1,823	4%	1.32

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
DELAWARE, 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	178	3%	12	31%	166	3%
4-5	123	5%	25	30%	98	4%
6-12	597	9%	306	54%	291	5%
13-18	401	8%	227	29%	174	4%
19-21	227	8%	60	50%	167	6%
22-44	3,301	21%	986	79%	2,315	16%
45-64	1,788	34%	424	77%	1,364	29%
65+	2,722	32%	350	59%	2,372	30%
All Ages	9,337	18%	2,390	60%	6,947	15%

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
DELAWARE, 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	8	38%	75%	38%	13%	0%	50%	13%
Major depression and affective psychoses	80	53%	29%	23%	6%	15%	33%	18%
Other psychoses	8	13%	50%	13%	13%	13%	25%	25%
Childhood psychoses	24	13%	21%	21%	0%	13%	21%	29%
Neurotic & other depressive disorders	133	32%	11%	19%	1%	11%	17%	31%
Personality disorders	2	100%	100%	50%	0%	50%	100%	0%
Other mental disorders	10	10%	0%	20%	0%	0%	10%	40%
Special symptoms or syndromes	41	5%	2%	7%	0%	10%	0%	56%
Stress & adjustment reactions	444	10%	6%	7%	0%	13%	9%	41%
Conduct disorders	399	9%	6%	4%	1%	7%	8%	23%
Emotional disturbances	68	24%	13%	4%	1%	29%	22%	34%
Hyperkinetic syndrome	348	18%	12%	11%	0%	75%	26%	11%
No Diagnosis	18	28%	6%	6%	0%	17%	22%	11%
Total	1,583	16%	10%	10%	1%	26%	15%	60%

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
DELAWARE, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug					More than One Psychotropic Drug Type	No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants		
Schizophrenia	313	42%	79%	40%	6%	0%	57%	2%
Major depression and affective psychoses	496	74%	31%	50%	8%	4%	58%	7%
Other psychoses	52	37%	50%	35%	8%	0%	42%	12%
Childhood psychoses	23	26%	26%	22%	0%	0%	17%	35%
Neurotic & other depressive disorders	613	70%	16%	52%	2%	1%	49%	11%
Personality disorders	21	57%	48%	48%	14%	0%	52%	0%
Other mental disorders	46	35%	7%	28%	2%	0%	13%	28%
Special symptoms or syndromes	59	41%	15%	37%	0%	2%	31%	29%
Stress & adjustment reactions	130	51%	16%	42%	0%	2%	36%	26%
Conduct disorders	30	43%	43%	47%	3%	0%	50%	23%
Emotional disturbances	2	50%	50%	0%	0%	0%	50%	0%
Hyperkinetic syndrome	16	56%	13%	31%	0%	50%	50%	6%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	1,801	61%	33%	46%	4%	2%	50%	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
DELAWARE, 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	90	23%	60%	20%	1%	0%	36%	6%
Major depression and affective psychoses	85	60%	33%	47%	2%	0%	54%	2%
Other psychoses	145	27%	32%	28%	1%	0%	27%	32%
Childhood psychoses	1	0%	0%	0%	0%	0%	0%	100%
Neurotic & other depressive disorders	157	50%	23%	43%	0%	1%	37%	10%
Personality disorders	7	57%	43%	29%	0%	0%	57%	14%
Other mental disorders	42	21%	26%	24%	0%	0%	19%	36%
Special symptoms or syndromes	20	30%	35%	60%	0%	0%	45%	10%
Stress & adjustment reactions	19	58%	26%	63%	0%	0%	53%	0%
Conduct disorders	3	67%	67%	67%	0%	0%	67%	0%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	1	0%	100%	100%	0%	0%	100%	0%
No Diagnosis	22	0%	0%	0%	0%	0%	0%	5%
Total	592	37%	33%	35%	1%	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+).