ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
VERMONT 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.
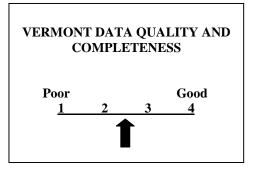
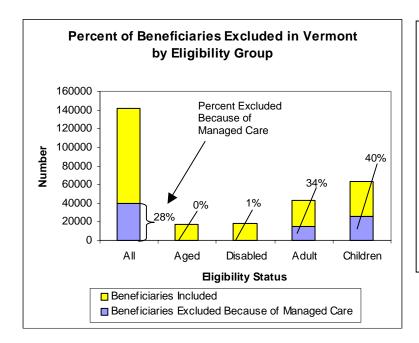| Vermont Data Comments |
| --- |
| **Dual Eligibles:** Vermont reported all dual eligibles as having full Medicaid benefits although Medicaid benefits for many of its dual eligibles included only limited pharmacy benefits (under a Pharmacy Plus waiver). |
| **Diagnosis Codes:** Diagnosis coding on claims was relatively complete. However, in Vermont, nearly all OT claims report apparent diagnoses, including many where the service provider would not be expected to know the diagnosis. This might be a factor in the state's relatively high apparent rate of MH beneficiaries. |
| **Race:** Approximately 33 percent of enrollees were reported with unknown race. |
| **Enrollment:** Vermont's enrollment was not consistently reported across months within each quarter. Since we excluded services provided during months where no enrollment was reported, these tables may understate utilization and expenditures. |
| **Inpatient Days:** Vermont's inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average "1" day in length, and explains the other low numbers that appear for some groups on Table 4. |

VERMONT DATA QUALITY AND COMPLETENESS

Poor			Good
1	**2**	**3**	**4**

*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in Vermont by Eligibility Group

Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Vermont's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
VERMONT, 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	142,051	100%	102,073	72%	$444,463,151	100%	$309,009,457	70%
Age								
0-3	14,143	10%	8,629	61%	$18,006,435	4%	$4,929,568	27%
4-5	7,058	5%	4,300	61%	$7,131,935	2%	$2,458,092	34%
6-12	25,030	18%	15,263	61%	$44,302,808	10%	$17,791,431	40%
13-18	17,383	12%	10,784	62%	$50,040,816	11%	$23,221,241	46%
19-21	5,394	4%	3,872	72%	$12,593,003	3%	$7,103,078	56%
22-44	38,532	27%	27,814	72%	$108,414,132	24%	$69,189,132	64%
45-64	15,795	11%	12,732	81%	$79,422,371	18%	$60,872,484	77%
65 and older	18,716	13%	18,679	100%	$124,551,651	28%	$123,444,431	99%
Gender								
Female	79,508	56%	57,298	72%	$257,015,698	58%	$181,086,485	70%
Male	62,543	44%	44,775	72%	$187,447,453	42%	$127,922,972	68%
Race								
White	93,901	66%	66,351	71%	$348,653,127	78%	$249,636,625	72%
Black	864	1%	599	69%	$2,045,485	0%	$1,216,169	59%
Hispanic	219	0%	137	63%	$596,994	0%	$284,465	48%
American Indian/Alaskan Native	277	0%	205	74%	$621,976	0%	$356,696	57%
Asian/Pacific Islander	399	0%	283	71%	$1,279,105	0%	$794,060	62%
Other/Unknown	46,391	33%	34,498	74%	$91,266,464	21%	$56,721,442	62%
Dual Status								
Aged Duals with Full Medicaid	18,151	13%	18,128	100%	$121,158,712	27%	$120,206,731	99%
Disabled Duals with Full Medicaid	8,331	6%	8,323	100%	$75,355,023	17%	$73,856,115	98%
Duals with Limited Medicaid	0	0%	0	0%	$0	0%	$0	0%
Other Duals	325	0%	242	74%	$912,547	0%	$408,040	45%
Disabled Non-Duals	8,225	6%	8,105	99%	$91,069,546	20%	$78,523,582	86%
All Other Non-Duals	107,019	75%	67,275	63%	$155,967,323	35%	$36,014,989	23%
Eligibility Group								
Aged	17,333	12%	17,328	100%	$116,383,020	26%	$115,515,059	99%
Disabled	17,789	13%	17,660	99%	$173,901,708	39%	$159,750,969	92%
Adults	43,261	30%	28,707	66%	$59,980,787	14%	$8,847,430	15%
Children	63,617	45%	38,327	60%	$93,948,029	21%	$24,828,289	26%

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.

Table1

	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	102,073	14,812	15%	$309,009,457	$102,687,339	33%
Age						
0-3	8,629	128	1%	$4,929,568	$217,467	4%
4-5	4,300	287	7%	$2,458,092	$645,013	26%
6-12	15,263	2,374	16%	$17,791,431	$9,575,956	54%
13-18	10,784	2,500	23%	$23,221,241	$15,736,975	68%
19-21	3,872	485	13%	$7,103,078	$3,188,305	45%
22-44	27,814	5,039	18%	$69,189,132	$26,469,805	38%
45-64	12,732	2,653	21%	$60,872,484	$23,527,015	39%
65 and Older	18,679	1,346	7%	$123,444,431	$23,326,803	19%
Gender						
Female	57,298	8,322	15%	$181,086,485	$55,377,511	31%
Male	44,775	6,490	14%	$127,922,972	$47,309,828	37%
Race						
White	66,351	11,615	18%	$249,636,625	$84,819,309	34%
Black	599	97	16%	$1,216,169	$745,820	61%
Hispanic	137	30	22%	$284,465	$225,387	79%
American Indian/Alaskan Native	205	23	11%	$356,696	$120,375	34%
Asian/Pacific Islander	283	20	7%	$794,060	$255,858	32%
Other/Unknown	34,498	3,027	9%	$56,721,442	$16,520,590	29%
Dual Status						
Aged Duals with Full Medicaid	18,128	1,301	7%	$120,206,731	$22,492,035	19%
Disabled Duals with Full Medicaid	8,323	2,548	31%	$73,856,115	$27,204,350	37%
Duals with Limited Medicaid	0	0	0%	$0	$0	0%
Other Duals	242	70	29%	$408,040	$142,292	35%
Disabled Non-Duals	8,105	2,948	36%	$78,523,582	$36,122,857	46%
All Other Non-Duals	67,275	7,945	12%	$36,014,989	$16,725,805	46%
Eligibility Group						
Aged	17,328	1,149	7%	$115,515,059	$21,439,399	19%
Disabled	17,660	5,682	32%	$159,750,969	$64,994,582	41%
Adults	28,707	3,311	12%	$8,847,430	$2,436,049	28%
Children	38,327	4,670	12%	$24,828,289	$13,817,309	56%

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.

Table2

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
VERMONT, 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	1,225	8%	18	0%	1,007	13%	200	15%
Major depression and affective psychoses	2,101	14%	174	3%	1,636	21%	291	22%
Other psychoses	376	3%	11	0%	134	2%	231	17%
Childhood psychoses	243	2%	203	4%	35	0%	5	0%
Neurotic & other depressive disorders	3,576	24%	566	10%	2,605	34%	405	30%
Personality disorders	195	1%	10	0%	169	2%	16	1%
Other mental disorders	230	2%	25	0%	134	2%	71	5%
Special symptoms or syndromes	269	2%	113	2%	136	2%	20	1%
Stress & adjustment reactions	4,321	29%	2,522	44%	1,704	22%	95	7%
Conduct disorders	638	4%	560	10%	68	1%	10	1%
Emotional disturbances	464	3%	460	8%	4	0%	0	0%
Hyperkinetic syndrome	1,170	8%	1,110	19%	60	1%	0	0%
No Diagnosis	4	0%	2	0%	0	0%	2	0%
Total	14,812	100%	5,774	100%	7,692	100%	1,346	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.

Table3

| Sex | Age Group | Psychiatric Hospital | | General Inpatient Hospital | | Total Inpatient Hospital | | | General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses | | |
| | | | | Mental Health Treatment | | Mental Health Treatment | | | | | |
		Number of Users	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	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	1	2%	10
	4-5	0	0	0	0	0	0%	0	2	2%	3
	6-12	3	53	0	0	3	0%	53	5	1%	3
	13-18	14	20	9	41	22	2%	30	19	2%	6
	19-21	0	0	11	10	11	4%	10	19	7%	4
	22-44	2	30	154	8	155	5%	9	244	8%	4
	45-64	0	0	80	9	80	5%	9	228	13%	6
	65+	0	0	9	8	9	1%	8	250	26%	1
	All Ages	19	27	263	10	280	3%	11	768	9%	3
Male	0-3	0	0	0	0	0	0%	0	3	4%	3
	4-5	0	0	0	0	0	0%	0	1	1%	5
	6-12	3	40	6	8	9	1%	19	10	1%	7
	13-18	17	24	7	6	23	2%	20	9	1%	4
	19-21	2	13	14	10	15	7%	11	4	2%	73
	22-44	0	0	86	5	86	5%	5	127	7%	4
	45-64	0	0	44	6	44	5%	6	145	15%	4
	65+	2	348	2	0	4	1%	174	103	28%	1
	All Ages	24	52	159	6	181	3%	12	402	6%	4
Total	0-3	0	0	0	0	0	0%	0	4	3%	5
	4-5	0	0	0	0	0	0%	0	3	1%	3
	6-12	6	47	6	8	12	1%	27	15	1%	6
	13-18	31	23	16	26	45	2%	25	28	1%	5
	19-21	2	13	25	10	26	5%	11	23	5%	16
	22-44	2	30	240	7	241	5%	7	371	7%	4
	45-64	0	0	124	8	124	5%	8	373	14%	5
	65+	2	348	11	6	13	1%	59	353	26%	1
	All Ages	43	41	422	8	461	3%	11	1,170	8%	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.

Table4

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
VERMONT, 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	6	12%	0.00	1.00	1.00	234	6%	1.25
	4-5	11	10%	0.00	1.09	1.09	80	4%	1.19
	6-12	57	7%	0.04	1.28	1.32	213	3%	1.23
	13-18	174	15%	0.17	1.65	1.82	245	6%	1.30
	19-21	82	30%	0.24	2.02	2.27	271	13%	1.49
	22-44	657	20%	0.28	2.43	2.71	996	8%	1.48
	45-64	340	20%	0.25	2.66	2.91	432	8%	1.88
	65+	15	2%	0.13	2.07	2.20	43	0%	1.93
	All Ages	1,342	16%	0.24	2.29	2.53	2,514	5%	1.49
Male	0-3	7	9%	0.00	1.00	1.00	318	7%	1.25
	4-5	17	9%	0.00	1.12	1.12	84	4%	1.07
	6-12	96	6%	0.04	1.38	1.42	248	4%	1.21
	13-18	165	12%	0.11	1.42	1.53	180	4%	1.29
	19-21	66	31%	0.20	1.61	1.80	145	11%	1.61
	22-44	307	17%	0.22	2.01	2.23	758	8%	1.64
	45-64	128	13%	0.30	1.92	2.22	342	7%	1.67
	65+	17	5%	0.06	1.53	1.59	44	1%	1.61
	All Ages	803	12%	0.18	1.73	1.91	2,119	6%	1.48
Total	0-3	13	10%	0.00	1.00	1.00	552	6%	1.25
	4-5	28	10%	0.00	1.11	1.11	164	4%	1.13
	6-12	153	6%	0.04	1.34	1.38	461	4%	1.22
	13-18	339	14%	0.14	1.54	1.68	425	5%	1.29
	19-21	148	31%	0.22	1.84	2.06	416	12%	1.53
	22-44	964	19%	0.26	2.30	2.56	1,754	8%	1.55
	45-64	468	18%	0.26	2.46	2.72	774	8%	1.79
	65+	32	2%	0.09	1.78	1.88	87	1%	1.77
	All Ages	2,145	14%	0.22	2.08	2.30	4,633	5%	1.49

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+).

Table5

TABLE 6

PRESCRIPTION PYSCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH

AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP

VERMONT, 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	97	1%	8	6%	89	1%
4-5	138	3%	53	18%	85	2%
6-12	1,517	10%	1,065	45%	452	4%
13-18	1,688	16%	1,206	48%	482	6%
19-21	563	15%	275	57%	288	9%
22-44	7,780	28%	3,837	76%	3,943	17%
45-64	5,721	45%	2,293	86%	3,428	34%
65+	7,878	42%	1,137	84%	6,741	39%
All Ages	25,382	25%	9,874	67%	15,508	18%

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.

Table6

TABLE 7

PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 21 AND UNDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
VERMONT, 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	18	56%	89%	28%	11%	0%	67%	0%
Major depression and affective psychoses	174	64%	18%	15%	9%	6%	28%	16%
Other psychoses	11	55%	55%	9%	9%	0%	55%	27%
Childhood psychoses	203	25%	11%	12%	1%	13%	18%	30%
Neurotic & other depressive disorders	566	52%	9%	14%	2%	9%	20%	28%
Personality disorders	10	40%	40%	0%	10%	0%	10%	20%
Other mental disorders	25	8%	0%	8%	0%	4%	4%	68%
Special symptoms or syndromes	113	14%	4%	4%	0%	7%	6%	59%
Stress & adjustment reactions	2,522	17%	4%	5%	1%	11%	8%	48%
Conduct disorders	560	21%	5%	4%	1%	19%	11%	43%
Emotional disturbances	460	31%	6%	5%	2%	19%	16%	37%
Hyperkinetic syndrome	1,110	31%	6%	5%	1%	72%	26%	9%
No Diagnosis	2	0%	0%	0%	50%	0%	0%	0%
Total	**5,774**	**26%**	**6%**	**6%**	**1%**	**24%**	**15%**	**55%**

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+).

Table7

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 22 TO 64* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
VERMONT, 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	1,007	44%	93%	44%	11%	0%	64%	2%
Major depression and affective psychoses	1,636	75%	36%	51%	14%	2%	61%	8%
Other psychoses	134	42%	71%	44%	4%	1%	52%	10%
Childhood psychoses	35	40%	54%	43%	6%	0%	54%	11%
Neurotic & other depressive disorders	2,605	72%	13%	49%	1%	1%	43%	12%
Personality disorders	169	67%	37%	50%	8%	1%	56%	15%
Other mental disorders	134	43%	18%	38%	3%	1%	34%	27%
Special symptoms or syndromes	136	54%	15%	32%	0%	1%	27%	26%
Stress & adjustment reactions	1,704	51%	14%	36%	2%	1%	33%	26%
Conduct disorders	68	44%	24%	29%	3%	4%	31%	26%
Emotional disturbances	4	25%	25%	0%	25%	0%	25%	0%
Hyperkinetic syndrome	60	48%	7%	23%	2%	33%	32%	18%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	**7,692**	**62%**	**30%**	**45%**	**6%**	**1%**	**47%**	**20%**

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+).

Table8

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES *AGE 65 AND OLDER* WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
VERMONT, 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	200	33%	86%	40%	7%	1%	58%	8%
Major depression and affective psychoses	291	76%	45%	56%	9%	0%	65%	7%
Other psychoses	231	42%	42%	36%	0%	0%	39%	25%
Childhood psychoses	5	40%	80%	40%	0%	0%	60%	0%
Neurotic & other depressive disorders	405	73%	23%	62%	1%	1%	57%	8%
Personality disorders	16	56%	44%	31%	0%	0%	50%	19%
Other mental disorders	71	41%	23%	34%	0%	0%	27%	30%
Special symptoms or syndromes	20	60%	15%	50%	0%	0%	40%	10%
Stress & adjustment reactions	95	63%	24%	49%	2%	0%	46%	19%
Conduct disorders	10	50%	30%	60%	0%	0%	40%	20%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	0	0%	0%	0%	0%	0%	0%	0%
No Diagnosis	2	0%	0%	0%	0%	0%	0%	0%
Total	**1,346**	**59%**	**41%**	**50%**	**3%**	**0%**	**53%**	**16%**

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+).

Table9