



“Non-Medicaid” Case Examples

for the
Joint Legislative and Executive
Mental Health Task Force

August 26, 2004



89 Year Old Divorced Male

- 10th Grade Education
- Monthly Income \$1,600
- Lives Alone in Dilapidated Housing
- Depressed/cognitive impairment/substance abuse
- Likely outcomes of losing services include: jail, psychiatric crisis, homelessness, hospitalization

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Low-Income Elderly, on SSDI/Medicare

- Receives Social Security and Medicare; Income \$1054/month
- Delusional disorder
- Income too high to qualify for Medicaid
- Had received medication and case management services
- Likely to limit use of services and medication, decompensate and return to hospital

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Working Adult with Emerging Schizophrenia

- 26 year old female
- Earned teaching certificate 2 years ago
- Recently exhibited symptoms of schizophrenia
- Lost her job, not yet eligible for Medicaid
- Can't work
- Illness isn't being managed
- Depressed, worries about school loans

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Young Adult, in Early Stages of Mental Illness

- 26 year old single parent
- Two near fatal suicide attempts
- Lives in a rural County
- Receives intensive case management, hospital diversion services, crisis services, and medication management
- No insurance, income too high to qualify for Medicaid
- Lack of services would require longer hospitalization, may result in client's death

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Adult Receiving Crisis Services

- Paranoid schizophrenia with co-occurring substance abuse
- Terminated from services June, 2004 because doesn't qualify for Medicaid
- Deteriorated, began using Meth
- Involuntarily committed to Eastern, still there

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Severely Emotionally Disturbed Youth

- Has Type 1 Diabetes, angry and depressed
- Receives individual and family counseling, crisis team monitoring
- Family Income too high to qualify for Medicaid
- Family cannot afford to pay for medical treatment for diabetes and mental health services

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Seriously Disturbed Child Living in a Working Poor Family

- 11 year old male living with parents in a rural area
- Psychotic disorder, not otherwise specified
- Failing in School, repetitive and ritualistic behaviors
- Psych evaluation, counseling, medication have stabilized situation
- Family income too high to qualify for Medicaid
- No insurance
- Without services, school failure likely, symptoms will increase and functioning will decline

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