

Clinical Characteristics of Medicaid and Non-Medicaid Clients

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Why clients come to the mental health system

- Acute mental health crisis
- “First Break” of a chronic mental illness
- Instituting (re-instituting) care during a chronic course of illness

How do people get to the mental health system?

- Direct referral
- Discharge from hospital
- Police/jail/courts
- Medical clinics and emergency rooms
- Schools

Who receives services?

- All services must be medically necessary
- DSM diagnosis
 - Significant impairment (GAF score)
 - Benefit from services

Establishing the Diagnosis

Diagnostic and Statistical Manual

(DSM-IV-TR)

Common Diagnoses -- Adults

- Schizophrenia
- Major Depression
- Bipolar Disorder

DSMIV-TR Criteria for Schizophrenia

- Two (or more) of the following, each present for a significant portion of time during a 1-month period: [delusions](#) , [hallucinations](#) , disorganized speech, grossly disorganized behavior, [negative symptoms](#).
- Social/occupational dysfunction
- Continuous signs of the disturbance persist for at least 6 months.
- Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out
- The disturbance is not due to the direct physiological effects of a [substance](#) or a general medical condition.

Schizophrenia – key concepts

- Clearly established as a biological illness
- Symptoms can be highly distressing and disabling –
 - Hallucinations
 - Delusions
 - Apathy
 - Impaired Judgment
 - Social Isolation
- Newer treatments are expensive but effective

Co-existent problems are COMMON!

- Treatment resistance
- Multiple psychiatric diagnoses
- Co-occurring substance dependence
- Complicating medical illness
- Homelessness/poverty
- Minimal social supports

Common Diagnoses -- Children

- Attention Deficit Disorder
- Conduct Disorder
- Post Traumatic Stress Disorders

Crisis Services

Definition of Crisis

Legally defined by statute (definitions tend to be broad)

Definition of crisis:

What we see:

- Acute stressor:
job/relation/illness/residence
- Untreated mental disorder
- Suicidal/homicidal
- Substance abuse

What crisis services are provided?

Crisis phone lines
Crisis outreach
Next-day appointments
Respite and diversion beds
ITA/Commitment evaluation

Failure to respond to mental health crises

- Poorer outcomes
- Increased psychiatric hospitalization
- Increased demands on police, ER's, medical clinics and other community safety nets
- Suicide/Homicide/Domestic Violence/Crime
- Loss of function (job/family/community roles)
- Risk of homelessness

Mental Disability: Medicaid and Non-Medicaid

How do non-Medicaid clients differ from Medicaid persons

Diagnoses and severity tend to be similar

Tend to present with acute (rather than chronic) symptoms and problems.

Barriers to application for Medicaid

- Systemic (confusing and inconsistent criteria)
- Social (Stigma against application)
- Personal (Small savings accounts)
 - Clinical...

Mental disorder versus Mental disability

- Mental disability is generally awarded for chronic/persistent symptoms
- Mental disability is often missed in for variable or new onset symptoms.

Clinical Barriers to application for Medicaid

- Psychotic –
 - Paranoia
 - Delusions
 - Hearing voices
 - Disorganized thinking

Clinical Barriers to application for Medicaid

- Cognitive –
- confusion
 - impaired language skills
 - impaired math skills

Clinical Barriers to application for Medicaid

- Depression –
- Hopelessness
 - Guilt
 - Lack of energy
 - Lack of sleep

Clinical Barriers to application for Medicaid

Agoraphobia –
inability to leave home, travel on
busy roads, enter crowded spaces.