

**TESTIMONY TO THE OHIO SENATE ON THE GOVERNOR'S OFFICE OF  
HEALTH TRANSFORMATION MEDICAID BUDGET: SPECIFICALLY  
ADDRESSING A DIAGNOSTIC ASSESSMENT BENEFIT OF 4 HOURS**

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**I am a psychologist with two specialty board certifications from the American Board of Professional Psychology in Couple and Family Psychology and in Clinical Child and Adolescent Psychology. I believe I represent a good cross section of psychologists who are involved in treating children, teaching, training of doctoral students, and research. I am a member of the Ohio Psychological Association and I have been asked to present this testimony by OPA.**

**I am here to provide testimony in opposition of the limit of 4 hours for diagnostic assessment proposed by the Governor's Office of Health Transformation. The alternative proposal of 10 hours is needed and I would like to explain why.**

**An initial mental health assessment at intake (billed as Diagnostic Assessment) typically takes 2 hours. The first hour is used to assess factors such as health status, alcohol or drug use, history of victimization of physical or sexual abuse, school issues, family issues, and psychosocial stressors, just to mention a few salient factors. The second hour is used to conduct a more focused clinical diagnostic interview. Virtually all children in need of a psychological evaluation will exceed the "soft limit" (Medicaid Early Periodic Screening and Diagnostic Treatment Benefit). Why set limits so low and likely add a bureaucratic layer to review medical necessity with such an unrealistic limit that in reality is not a limit?**

**Diagnosing children is complex, especially with a Medicaid population because of symptom overlap in many diagnoses, and the impact of poverty and social context on behavior. Accurate diagnosis is crucial; otherwise, there is a risk of providing the wrong treatment with unintended adverse effects from the treatment itself. This will result in more cost and increased human suffering for the innocent children of Ohio.**

**For example, I am asked referral questions such as, why is this child having tantrums? Possibilities include: response to abuse, cognitive impairment leading to a lack of understanding, hearing loss, major depression leading to angry outbursts, seizure disorder, and a whole host of other possibilities. An extensive evaluation is needed to rule out or rule in the appropriate diagnosis and treatment. The wrong diagnosis and treatment could have dire consequences, including inappropriate**

**medication. Imagine the damage if the assumption was that the child was tantruming because of reaction to environmental changes when the real underlying cause was a mood spectrum disorder. By not treating the underlying mental disorder, tantrums could give way to self-injurious behavior, alcohol and drug use to self-medicate, withdrawal, school failure, and potentially suicide.**

**It is difficult to estimate the number of hours for a battery of psychological testing as each child's problems are different. However, I can provide a general breakdown:**

- **Diagnostic Interview with child and parent (described above): 2.0 hours**
- **Cognitive abilities and Achievement testing (to detect learning disabilities, mental disabilities, development disabilities, autism spectrum): 3.0 hours**
- **Testing of Executive and neuropsychological functioning (to assess the presence of neurological brain conditions such as tumors, epilepsy, and developmental impairments that effect memory, language, visual-motor ability, planning, organization, and the ability to learn from experience): 2.0 hours**
- **Parent & Teacher Inventories (to assess behavior at home and school): 1.0 hour**
- **Personality Inventories (to diagnosis disorders such as depression, anxiety, bipolar disorder, psychosis, and obsessive compulsive disorders): 1.0 hour**
- **Feedback Session (to describe results of the testing above and recommend a treatment plan): 1.0 hour**
- **TOTAL: 10.0 hours**

**This does not take into account any initial Diagnostic Assessment that may have been conducted at the Intake level from another clinician.**

**The Governor's Office of Health Transformation noted in the Managed Behavioral Health Service Utilization document that 90% of clients will not be impacted if Diagnostic Assessment Services are limited to 4 hours. Certainly not true in my case and others I have talked to throughout the State. As a psychologist involved in the training of doctoral interns, and as a psychologist "in the trenches" I can unequivocally state that no comprehensive evaluations for children on Medicaid are completed within that time frame.**

**To further illustrate the need for comprehensive psychological evaluations the following facts are presented to the Senate:**

- African Americans are more likely to be misdiagnosed and less likely to receive treatment than their White counterparts (SAMSHA Surgeon General's Report)
- Cultural biases against mental health professionals in general prevent African Americans from accessing care due to prior experiences with misdiagnosis (NAMI)
- Across a 15-year span, suicide rates increased 233% among African Americans aged 10 to 14 compared to 120% among Caucasian Americans the same age (CDC)
- Children in the foster care and child welfare system are more likely to develop mental illnesses (NAMI)
- Early identification through diagnostic assessment mitigates the impact of multiple risk factors (Report to Congress of the Task Force on Early Mental Health Intervention, June 11, 2003)
- The economic cost for misdiagnosed and untreated mental illnesses is over \$100 Billion (NAMI) ("pay me now or pay me later")
- The Surgeon General encourages appropriate diagnosis through comprehensive assessment (Mental Health: A Report of the Surgeon General-Chapter 3)

**My responsibility as a psychologist is to provide ethical diagnostic and treatment services. The State's responsibility is equally important: maintaining a balance between fiscal crisis and the mental health needs of children. A "soft" limit is nebulous, and will present families and psychologists with uncertainty about reimbursement procedures, discouraging the vital role of psychological evaluations.**

**Perhaps an overarching balance is one posited by Plato, and I paraphrase: "A great society is characterized by its ability to care for those who are not able to care for themselves;" versus a social plague in our country of "entitlement without productivity." Children, whose only job is to learn and grow to be a healthy adult, need all the assistance we professionals can give them if they are going to have a fair chance to succeed in school, in work, and in the community. They should not be caught in a penny-wise, pound foolish cost savings attempt.**

**The great Buckeye State should not compromise its care for children with a "soft limit" for diagnostic assessment that will paradoxically cause greater expenditures in the long-run due to inaccurate diagnoses and treatment that will frustrate the parent, child, schools, and providers and lead to more distrust and missed opportunities for appropriate, well-targeted treatment.**

**Thank you for your careful attention to this important issue, and I would be pleased to respond to any questions or issues in need of clarification.**