# Monitoring Implementation of the Mental Health Parity Act Created by the Georgia Parity Collaborative Note: Deadlines occurring by January 2023 are highlighted

#### Part I:

## Responsible for Implementing: Georgia Office of Insurance and Safety Fire Commissioner (DOI)

- January 2023 and annually thereafter, insurers submit parity comparative analysis to DOI
- January 2023 create new parity complaints repository and tracking process with language accessibility
- May 2023 and every May thereafter, conduct a data call for parity
- August 2023 and every August thereafter, submit report to Governor, Speaker and Lt.
  Governor regarding parity enforcement
- - hire dedicated staff person for parity enforcement (funded in budget)
- January 2024 and annually thereafter, publish parity comparative analysis by insurers on website
- January 2024 and annually thereafter, submit report of parity complaints to the Georgia Data Analytic Center and General Assembly

#### Responsible for Implementing: Department of Community Health (DCH)

- January 2023 and annually thereafter, insurers (CMOs, state health plan) submit parity comparative analysis to DCH
- July 2023 create new parity complaints repository and tracking process with language accessibility
- January 2024 and annually thereafter, publish parity comparative analysis by insurers on website
- Annually perform parity compliance reviews and publish a status report on website
- January 2024 and annually thereafter,

## Responsible for Implementing: Oriminal Justice Coordinating Council

• Establish a grant program to provide funds for local governments to use for costs associated with transporting persons to and from emergency receiving, evaluating and treatment facilities

### Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

• Fund a minimum of five new co-responder programs

#### Responsible for Implementing: Behavioral Health Reform and Innovation Commission

 The Mental Health Courts and Corrections Subcommittee to continue exploration of community supervision for people with mental illness, including expanding access to mental health specialized caseloads, assessing the quality of mental health supervision, assessing the availability of treatment providers by region, and tracking metrics

### Responsible for Implementing: Department of Behavioral Health and Development Disabilities (DBHDD)

Add to the Behavioral Health Coordinating Council the commissioner of early care and learning

#### Responsible for Implementing: Behavioral Health Reform and Innovation Commission

- Through June 2025:
  - Collaborate with DBHDD regarding the assisted outpatient treatment program
  - Ocordinate initiatives to assist local communities in keeping people with serious mental illness out of jails and detention facilities, including juvenile detention, and improve outcomes for individuals who have frequent contact with criminal justice, homeless, and behavioral health systems, to include:

Developing a shared definition of 'serious mental illness'

Exploring funding options to implement universal screening upon admission Developing state guidelines for information sharing among state and local entities that comply with privacy laws

Promoting the use of pre-arrest diversion strategies

Improving strategies to refer and connect individuals to needed community-based social services

Expanding the use of and support for forensic peer monitors

Analyzing best practices to address and ameliorate the increase in chronic homelessness among people with behavioral health and substance abuse disorder and formulating recommendations for policies and funding to address, considering best practices of other states

Onvene representatives from care management organizations, pediatric primary care physicians, family medicine physicians, pediatric hospitals, pharmacy benefits managers, other insurers, experts on early childhood mental health, and pediatric mental health and substance use disorder care professionals to examine:

How to develop and implement a mechanism for Georgia's managed care program for children, youth, and young adults in foster care, children and youth receiving adoption assistance, and select youth involved in the juvenile justice system to meet their mental and behavioral health needs

Best practices for community mental health and substance use disorder services reimbursement, including payment structures and rates that cover the cost

Establish advisory committees to evaluate:

Developing a solution to ensure appropriate health care services and supports, including better care coordination, for pediatric patients residing in this state who have mental health or substance use disorders and who had high utilization of emergency departments, crisis services, or psychiatric residential treatment facilities, for the purpose of streamlining care, improving outcomes, reducing return visits to emergency departments, and assisting case managers and clinicians in providing safe treatment while reducing fragmentation

### Responsible for Implementing: Georgia Data Analytic Center

 April 2024 - and annually thereafter, submit an annual unified public report of parity complaints from DCH and DOI

#### Responsible for Implementing: Department of Community Health (DCH)

 Provide Medicaid coverage for a nonpreferred prescription drugs prescribed to adults that are deemed medically necessary for treatment of mood disorders with psychotic symptoms