



Allegheny County Department of Human Services

RFP Response Form

RFP for a Mobile Competency Restoration and Support Team

PROPOSER INFORMATION

Proposer Name: **Centurion of Pennsylvania, LLC**

Authorized Representative Name & Title: **Bob May, EVP, Chief Marketing Officer**

Address: **21251 Ridgetop Circle #150 Sterling, VA 20166**

Telephone: [REDACTED]

Email: [REDACTED]

Website: <https://www.centurionmanagedcare.com/>

Legal Status: For-Profit Nonprofit Sole Proprietor/Individual Partnership

Women Owned: Yes No

Minority Owned: Yes No

If yes, select the ethnicity: American Indian or Alaska Native Black or of African decent

Hispanic or Latino/a

Native Hawaiian/Pacific Islander

Western Asian/Middle Eastern

East Asian/Far Eastern

South Asian/Indian (Subcontinent)

Southeast Asian

Other Asian

Multi-racial

Self-Describe: [Click here to enter text.](#)

Partners included in this Proposal: **n/a**

How did you hear about this RFP? *Please be specific.* **Current employee and working relationships within the Commonwealth of Pennsylvania**

PROPOSAL INFORMATION

Total dollar amount requested: **See Pricing Proposal/Narrative**

RFP for a Mobile Competency Restoration and Support Team

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Keith Lueking	[REDACTED]	[REDACTED]
Contract Processing Contact	Bob May	[REDACTED]	[REDACTED]
Chief Information Officer	Shant Tossounian	[REDACTED]	[REDACTED]
Chief Financial Officer	Charles Weschke	[REDACTED]	[REDACTED]
MPER Contact*	Miriana Marasco	[REDACTED]	[REDACTED]

* MPER is DHS's provider and contract management system. Please list an administrative contact to update and manage this system for your agency.

BOARD INFORMATION

* For the Board Chairperson, you must list an address, phone and email address different than the organization.

Board Chairperson Name & Title: **William Sullivan, Director**

Board Chairperson Address: [REDACTED]

Board Chairperson Telephone: [REDACTED]

Board Chairperson Email: [REDACTED]

REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. Please do not use employees of the Allegheny County Department of Human Services as references.

- 1. Contract Services:** Provide court ordered forensic evaluation services performed under Massachusetts General Law, as ordered by the court system. Centurion FHS court clinicians are responsible for evaluating mentally ill individuals brought before the Courts on criminal and civil matters in order to determine appropriate dispositions and to refer them to needed services.

Client Agency: Massachusetts Department of Mental Health

Reference: Nancy Connolly, Assistant Commissioner

P: [REDACTED]
E: [REDACTED]
A: [REDACTED]

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2. **Contract Services:** Community based support clinics for assigned population and treatment and life support services.

Client Agency: Connecticut Judicial Branch, Court Support Services Division

Reference: Brian Delude, Program Manager, AIC Services

P: [REDACTED]

E: [REDACTED]

A: [REDACTED]

3. **Contract Services:** California Community Conditional Release Program

Client Agency: California Department of State Hospitals

Reference: Mark Grabau, PhD, Program Director Conditional Release Program (CONREP)

P: [REDACTED]

E: [REDACTED]

A: [REDACTED]

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

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- Partner commitment letters, if applicable
- MWDBE and VOSB documents
- W-9

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 125 points. Your response to this section should not exceed 20 pages. (Pages 1-3 are not included in the page count).

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Organizational Experience (25 points)

- 1. Describe your organization's experience providing behavioral health treatment services to individuals involved in the criminal-legal system, including individuals with significant mental health challenges, and improving their behavioral health and well-being. (10 points)**

Centurion is a leading provider of behavioral health and medical specialty services to governmental agencies, with a focus on serving incarcerated and justice-involved persons. Our roots in providing correctional healthcare services date back to 1997, when we began providing mental health services to correctional agencies under our original "MHM" company brand. MHM was founded in 1981 as "Mental Health Management, Inc.," and initially focused on providing acute inpatient psychiatric services in hospitals. Now known as "Centurion", we have over 40 years of continuous experience providing behavioral health services to persons in institutional settings. We began serving incarcerated persons in 1997, and now have over 25 years of continuous experience providing behavioral health services to correctional agencies.

Centurion's current contracts are primarily with state and municipal governmental agencies, serving populations in institutional as well as community-based settings. Centurion serves its clients with a team of over 8,000 employees coast to coast, and presently has services and resources in Pennsylvania. Since 2003, Centurion has partnered with the Pennsylvania Department of Corrections to provide behavioral health services to its incarcerated individuals across 25 statewide facilities serving approximately 39,000 incarcerated patients. Since 2014, we additionally provide staffing services to the Pennsylvania Department of General Services as a subcontractor to recruit and staff healthcare professionals to serve a wide patient population at various facilities, hospitals, centers and clinical locations across the state.

Centurion is capable of staffing and operating behavioral health specialty programs to serve the needs of highly challenging populations in difficult environments, like the Mobile Competency Program, requiring licensed clinical professionals to provide services on site or in a mobile capacity. Our organization serves programs ranging in size from a few employees serving in a single location up to more than 3,000 employees serving a large state correctional system (e.g., Florida Department of Corrections comprehensive medical program). With more than 8,000 employees, Centurion serves a daily patient population of over 270,000 persons in over 270 locations in 16 states, including Pennsylvania.

Specifically, Centurion has experience providing competency restoration and court-appointed evaluations for individuals in preparation for trial or as court ordered. We highlight our current

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and past experience in three programs below in the states of New Hampshire, Massachusetts, and Connecticut.

New Hampshire Department of Corrections Behavioral Health Program

Centurion provided medical, dental, and behavioral health professional services between 2008 to 2022 to the New Hampshire Department of Corrections (NHDOC), including psychiatric services with court-appointed forensic psychiatric/psychological evaluations.

We provided court-appointed forensic services for the judicial system through our Centurion Office of Forensic Examiners (OFE) Program with forensic evaluators responding to court ordered competency evaluation requests from the New Hampshire Court System. Our OFE Program directed program activities compliant with New Hampshire Statutes governing the Court Ordered Evaluation process. The program instituted a comprehensive peer review process, implemented written departmental policies, established weekly staff meetings, and provided evaluator safety practices, including instituting a safety plan and protocols including an alarm system with mobile panic buttons for evaluators. We acted as a liaison to the Courts, Defense Attorneys, and County Attorneys and provide training/consultation in collaboration and cooperation with the NHDOC.

In New Hampshire, we highlight the following accomplishments surrounding competency evaluations:

- In our last year of the contract, FY 2021, we conducted 821 competency evaluations
- Participated in the Substance Abuse and Mental Health Services Administration Gain's Center Community of Practice on Trial Competency and Restoration after a rigorous and competitive application process. OFE also worked with all New Hampshire jails to establish video evaluations with incarcerated defendants during COVID-19 to ensure continued court-ordered assessments during pandemic restrictions.
- Re-organized clinical services in the Secure Psychiatric Unit to include a Secure Residential Treatment Unit to treat patients as well as non-adjudicated individuals who are civilly committed or Not Guilty by Reason of Insanity and who are too dangerous to reside at the New Hampshire Hospital. For the latter, we worked with New Hampshire State Office of the Attorney General, Merrimack Superior Court, County Prosecutor's Offices, providers within the New Hampshire community mental health system, probation parole officers, Secure Psychiatric Unit, and the New Hampshire Hospital.
- We provided forensic evaluations for competency as requested by the State with a 99.8% compliance rate.

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Massachusetts Department of Mental Health Forensic Mental Health Services

Since 2009, Centurion has provided adult forensic mental health services for the Massachusetts Trial Court for the Southeast, Metro Boston, and Central Massachusetts areas through the Massachusetts Department of Mental Health (DMH). We provide forensic evaluations, and consultations to the Massachusetts courts to identify persons who suffer from mental illness and to offer recommendations regarding their treatment needs and to divert them from the criminal justice system when possible.

Our specialty court clinicians work to identify defendants with mental illness and substance use disorders during the criminal process who are appropriate for diversion into community treatment programs rather than incarceration. Our court clinicians serve as liaisons between the criminal justice/civic court system and the broader community mental health system. Through establishing and developing strong relationships and linkages with community stakeholders, our clinicians are able to facilitate collaboration between Centurion and community providers so as to present a seamless delivery of services to mentally ill clients before the Court. Our liaison and referral services has improved access to a wider range of community services for those in need, which has proven to be a valuable service to the Courts, community providers, and individuals who have come before the courts. Our clinicians work with individuals, their families, the police, the probation department, district attorney's offices, the defense bar, hospitals, and community providers to ensure appropriate and accessible treatment weighing both the clinical needs of the individual and the safety of the community.

State of Connecticut Alternative in the Community (AIC) Program

Since 2010, Centurion has been providing community-based treatment and life support clinics, through the Alternative in the Community (AIC) program. This program delivers services to justice-involved individuals referred by judges, probation, IAR specialists, family relations counselors, and the CT Department of Correction to the State of Connecticut Judicial Branch, Court Support Services Division (JBCSSD). The program utilizes a Risk Reduction program that includes building and fostering a strong relationship with private nonprofit community providers to increase public safety by reducing client recidivism. This comprehensive effort embraces adult pre-trial and family services, adult probation, juvenile probation and retention, contracted services, and nearly all components of the work done by JBCSSD.

The AIC program serves a portion of approximately 38,000 individuals sentenced to Adult Probation supervision, as well as individuals who are involved with JBCSSD on a pre-trial status to operationalize programs that utilize evidence-based and cognitive behavioral treatment in community settings to minimize continued involvement in the criminal justice system.

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2. Describe your organization's experience using data to measure and improve program and client outcomes. (5 points)

Centurion has decades of experience in providing, compiling, and utilizing data to measure and improve program and client outcomes. We utilize several data measurement and audit solutions in our programs to help drive healthcare decisions and updates to our service provisions, described below.

SharePoint Documentation and Data Audit System

Centurion's *SharePoint* electronic documentation system utilizes online documents to record audit results, population health stats, costs of care, and hundreds of other data points, tailored by program requirements and utilization. Centurion understands the importance of utilizing a management information system capable of providing statistical data necessary for the monitoring and evaluation of healthcare services, and that staff use the information gathered for the preparation of required monthly reports. As such, in many of our contracts we provide access to program materials, reports and data through SharePoint. This ready availability of information allows our clients to evaluate our services, obtain data for reporting and other purposes, and enables sharing of documents and other information. Additionally, SharePoint will allow County personnel access to our secure on-line library of required reports, logs, staff credentialing information, and policies and procedures. This document management system will allow Centurion to collaborate and share information securely with the County. SharePoint can also house updated and current information pertinent to the performance of duties and responsibilities for all Centurion team members.

Online Sentinel Events Log (oSEL)

Centurion hosts an online Sentinel Event Log (oSEL), monitored by our corporate compliance department, which includes automated alerts and reporting functions. Our Enterprise Data Solutions team supports our oSEL platform by providing advanced data analysis and customized dashboard reports. The oSEL can support automated notification of sentinel events to County leadership and Centurion regional management. Our policy and oSEL functionality include reporting requirements relevant to outcomes. The goal of our oSEL policy and online tool is to improve patient safety and overall healthcare. We will support full implementation and optimization of the oSEL, if so desired by the County. This tool will facilitate improved medical and behavioral health systems because of our careful tracking of these events and investigation into their root causes.

Business Intelligence Solution – Tableau

Centurion also uses Tableau to track and monitor our program data to make better informed choices for our patients. Tableau is a visual analytics platform that helps transform the way we

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use data to solve problems, including healthcare data from electronic medical record solutions. This software works by translating drag-and-drop actions into data queries through an intuitive interface. The Tableau system not only offers a complete, integrated data analytics platform, but also proven enablement resources to help customers deploy and scale a data-driven culture that drives resilience and value through powerful outcomes. Tableau can quickly translate data into user-friendly dashboards that staff can customize, standardize or use for ad hoc dashboard reporting through a broad range of data queries available in our data collection platforms.

Health Information Technology with Analytics and Informatics Reporting – Analytics and Informatics Team

Over the past several years, Centurion has built an effective and growing full-time corporate analytics and informatics team to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. This data analytics and informatics team, under our enterprise data solutions department, informs program management on the details of their healthcare services from their provided reports. The team supports our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. To support data-driven healthcare services, the team develops a tailored host of standard and ad-hoc reports per program that allows our clients and Centurion to continuously review and enhance service delivery. In partnership with our local leadership, we use reporting to leverage data to inform strategic decision-making, improve reporting workflows, increase information sharing, and offer a comprehensive view of the services we provide and their results. This team is available to local County staff to ensure the delivery of statistical data needed to evaluate and monitor health services. Our analytics team focuses on critical organizational areas, such as customer satisfaction, performance measures, process management, financial management, and contract results.

3. Describe how your organization addresses racial equity in its practices and programs. (10 points)

Centurion shares the Allegheny County Department of Human Services commitment to diversity. Centurion is a strong proponent of celebrating and honoring the diversity that exists among and around us. We affirm that the quality, skill, and talent of a large and diverse employee base, as well as those of our suppliers, directly affect our programs' success. As a result, our policies and procedures provide a supportive business environment in which all individuals—regardless of their background and differences—are enabled, empowered, and encouraged to reach their maximum potential. We incorporate diversity into our recruiting approaches and retention strategies, offer educational webinars on diversity, equity, and inclusion, utilize minority-owned small businesses as subcontractors, and develop policies and procedures that promote racial equity in our programs.

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Additionally, in direct demonstration of these assurances, our Chief Executive Officer, Keith Lueking, has signed the *CEO Action for Diversity & Inclusion* pledge on behalf of the organization—making Centurion the only correctional healthcare aligned with the initiative. As a signatory of this largest CEO-driven business commitment to advance diversity and inclusion within the workplace, we develop and deliver an inclusive environment where diverse perspectives and experiences are welcomed and respected, and employees feel comfortable and encouraged to discuss diversity, equity, and inclusion.

Diversity, equity, and inclusion are vital in correctional healthcare and within Centurion as we serve a diverse population with many seeing little to no hope for a better future. We recognize our providers are working with individuals in their most vulnerable state. Additionally, in a correctional environment, there is another layer of confinement vulnerability, which requires caregivers to have an even deeper level of sensitivity regarding diversity, equity, and inclusion. The diversity of our workforce not only means we understand our patient population but also serves as a motivating factor to incarcerated persons by demonstrating that success and achievement are possible.

Core Service (35 points)

- 4. Describe your organization’s vision for the overall design of the MCRST. This should include a full description of intake, treatment planning, services, discharge planning from MCRST, coordination with JRS and maintaining contact with clients throughout their case disposition. (20 points)**

Centurion’s approach to mental health service delivery combines serving justice-involved clients through an individualized, patient-centered, evidence-based, trauma-informed, culturally competent, public health focused model with integrative service delivery and strong collaborative relationships. Our vision for the MCRST entails supporting individuals found to be legally incompetent due to mental illness or intellectual disabilities throughout the legal system process by providing treatment and education that supports individual optimal functioning, and legal competency, in the least restrictive environment possible, considering both individual and public safety.

We envision the MCRST program to take up to 90 days approximately with a minimum of weekly contacts focused on treatment goals and interventions to restore competency and maintain community and patient safety. Under this vision, our MCRST program will respond timely to referrals from the BAU and deliver quality mental health treatment and legal competency-related education services to increase the functioning of referred individuals, ultimately optimizing their capacity for legal competency. Our MCRST program will include evaluation of patient needs, development of a comprehensive multidisciplinary treatment plan,

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delivery of behavioral health services using current evidence-based practices, and psychotropic medication management, as appropriate, collaboration and coordination with all entities involved in or related to patient care, and competency restoration through use of the PA COMPKIT standardized curriculum. We will use a multidisciplinary treatment approach focused on behavioral health services that target symptoms and functional deficits.

Following referral receipt, we will complete a multidisciplinary intake on each individual using a biopsychosocial assessment (to include mental health and substance use), nursing assessment, psychiatric evaluation, baseline assessment of the individual's legal competency, needs assessment, and others as relevant to the individual's case. We provide further details on two examples below. For example, our mental health appraisal includes the following:

- Assessment of current mental status and condition
- Assessment of current suicidal potential and person specific circumstances that increase suicide potential
- Assessment of violence potential and person specific circumstances that increase violence potential
- Review of available historical records of inpatient and outpatient psychiatric treatment
- Review of available history of treatment with psychotropic medication
- Review of available history of psychotherapy or psycho-educational groups
- Review of history of substance use treatment
- Review of educational history
- Review of legal history
- Review of history of cerebral trauma, seizures, or other medical complications which may impact competency and/or need to be managed
- Assessment of current substance use
- Referral(s) as indicated
- Recommendations for programming and treatment services

Another example, our comprehensive psychiatric assessment includes direct patient assessment of the following:

- Psychiatric and psychosocial history including behavioral health, substance use, and medical history
- Presenting problem(s)
- Full mental status examination including assessment of risk to self or others
- Diagnoses using the *DSM-5-TR* or current version
- Symptoms of the diagnoses to target to help restore competency
- Initial plan with treatment recommendations, including for any laboratory testing

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Our MCRST staff evaluate, diagnose, and formulate individualized treatment plans to meet the needs of each patient following intake, incorporating findings of all assessments into the treatment plan. This approach supports multidisciplinary collaboration, multi-faceted interventions, and integration of non-pharmacological interventions with psychiatric services. The goal of the treatment plan is to identify concise, measurable, and targeted problematic symptoms or behaviors and the specific interventions required by the patient that support symptom relief within targeted timeframes. In collaboration with the patient, the treatment planning process supports the reduction of problematic symptoms, improvement of behavior and functioning, and enhancement of patient autonomy, personal recovery, and legal competency. Individualized treatment plans reflect multidisciplinary collaboration and treatment team recommendations.

Centurion recognizes that a comprehensive behavioral and substance use treatment program requires a broad range of clinical and operational services in order to effectively manage and support patient achievement of their highest level of functioning and well-being. We will detail services and interventions in the patient's individualized treatment plan including length of proposed service, specific interventions the therapist will utilize, and an anticipated timeframe for achieving the identified goals and specific measurable objectives. Treatment services will include routine review of patient diagnoses, target symptoms, and treatment progress (including restoration to competency) reflected in regular treatment plan updates. We will address the behavioral health needs of each patient with the appropriate level of care and support while allowing patients to function in the least restrictive treatment environment that maintains safety and stability. Our MCRST staff will provide treatment consistent with each patient's current mental health functioning, which will dictate the frequency and type of clinical contacts (minimum once weekly in person) and the periodic reassessment of the patient's behavioral health needs and legal competency throughout the course of treatment.

Centurion will provide a variety of services and interventions designed to assist patients in achieving their highest level of functioning. We will facilitate and support patient recovery by utilizing the following services: assessment and evaluation, psychotropic medication, therapy, counseling, nursing interventions, psychoeducation, education towards legal competency, case management, case coordination, community linkages, referrals, discharge planning, peer support, and targeted activity or recreational programming as relevant. Our MCRST staff will provide patients with interventions that target behavioral health symptoms and difficulties in functioning that are unique to each patient and contribute to their legal incompetence. Centurion's behavioral health staff use updated and proven treatment methodologies to engage patients in appropriate behavioral health and SUD treatment. Evidence-based modalities implemented will include, but not be limited to: motivational interviewing (especially to target engagement in

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services), cognitive behavioral therapy, dialectical behavior therapy, and/or mindfulness interventions. Centurion's proprietary *Clinical Guidelines*, based on national accrediting standards and guidelines of expert organizations, provide guidance on the treatment of mental illness and substance use. Our resources help ensure MCRST staff make competent clinical decisions for the care and treatment of individuals with mental illness or intellectual disabilities.

Centurion's proprietary *Psychiatric Treatment Guidelines* provide our psychiatric staff with clear, tier-based pathways for providing psychiatric interventions to patients in a consistent, systematic, evidence-based manner. Our psychiatric providers evaluate and diagnose individuals with mental health and/or substance use disorders using the current *Diagnostic and Statistical Manual of Mental Disorders* criteria, consistent with our *Psychiatric Treatment Guidelines* reflecting current research literature, community standards, and national guidelines of expert organizations such as the American Psychiatric Association. Ongoing psychiatric evaluations will occur as clinically indicated and include the following:

- Current presentation and the patient's social, legal, and medical history
- Notation of significant occurrences (e.g., suicide attempts, self-injurious episodes)
- Mental status exam
- Assessment of danger to self or others
- Current *DSM* diagnoses
- Clinical rationale for medications including for increasing, decreasing, continuing, or discontinuing
- Results of laboratory studies as indicated for particular medications
- Discussion of any abnormal laboratory results with the patient
- Psychotropic medication compliance
- Any observed and/or reported side effects from medications
- Current status of target symptoms related to diagnoses
- Patient's response to psychotropic medications
- Current level of functioning and treatment plan progress
- Plan and any revisions, including new orders for medication(s) or laboratory testing, any needed referrals, and next psychiatric appointment

Psychiatric progress notes tie directly to the treatment plan through reference to target symptoms. All members of the MCRST team will be expected to consult with the psychiatrist and have access to treatment notes, further enhancing multidisciplinary care. Centurion *Nursing Mental Health Guidelines* assist MCRST nursing staff in structuring the assessment and interventions in emergency mental health situations including evaluating a patient's behavioral health status, and providing clinical interventions.

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Centurion will provide a behavioral health on-call system 24 hours a day, seven days a week. Our MCRST staff will respond to a call as soon as possible, no later than 15 minutes following a call's placement. Centurion prefers to use a call service for facilitation of the on-call process. Our experience confirms that this type of service ensures timely responses to emergency calls and facilitates data collection for monitoring purposes.

Centurion MCRST staff will begin planning for a patient's transition from MCRST at intake. We will work closely on ensuring that individuals have access to needed behavioral health and community support or residential services. This includes working with JRS, BAU, ACJ, TSH, and any other entities who support individuals as they move through the legal system and from MCRST into community-based, residential, or other identified ongoing treatment options. We actively work with all disciplines and professionals relevant to or involved in a patient's care or legal case. We will maintain contact with clients throughout their case disposition to promote optimal functioning in support of their continued legal competency.

Our MCRST staff will make arrangements for the continuum of behavioral health services through community resources and/or partnerships as needed. Patient transition plans ensure continuity of mental or behavioral health monitoring and treatment, including plans for patients requiring supportive housing placements as applicable. Centurion's staff will develop clinically appropriate discharge plans prior to the patient's anticipated release date from the MCRST. Centurion also uses *FindHelp*, a web-based search engine, which provides Centurion staff and patients a platform to find and connect to a broad array of social services, including free or reduced-cost services, in their desired area. FindHelp contains more than 550,000 locations and 300,000 listings across the United States with 95% of all programs independently verified at least every six months. Centurion's customized FindHelp page can be found at www.CenturionHealth.FindHelp.com. Available to all Centurion patients across all Centurion programs as part of their reentry program, this resource represents another long-term investment of Centurion in the success of our patients—today and tomorrow.

5. Describe your organization's intervention approach for each MCRST team member outlined in *Section 2: Scope of Service*, including the number of weekly individual contacts. (10 points)

Our intervention approach for each referred individual to the MCRST program will depend on the individual's assessed needs at intake which we will specify in the patient-centered multidisciplinary treatment plan as described in our response to Question No. 4., above. Below we provide a general overview of each MCRST team member's responsibilities with a range of estimated weekly contacts that will vary based on the assessed individual needs of each case and patient. For example, a referred individual with untreated Schizophrenia and no other medical, neurocognitive, or substance use needs would meet as soon as possible, but within the first week,

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with the Psychiatrist or Psychiatry Fellow for assessment and onboarding of psychotropic medication. The Mental Health RN and Dual Diagnosis Therapist would complete respective intake assessments under their discipline during the first week; then, further frequency and content of contacts would be determined through the multidisciplinary treatment planning process. The individual would receive one to two times per week, or more, legal education from the Competency Support Specialist using the PA COMPKIT curriculum to target competency restoration, especially as the patient begins to reconstitute and make progress in their competency. The Certified Forensic Peer Counselor would also provide informal support/check-ins as determined by the MCRST team during the multidisciplinary treatment planning process. It is not possible to write to frequency of contacts by the Specialized JRS Forensic Support Specialist without further delineation of their position responsibilities as this MCRST team member is employed by HSAO and may have specific requirements unknown at the time of this proposal response.

MCRST team position	Intervention Approach	Weekly Individual Contacts
Psychiatrist or Psychiatry Fellow	Psychiatric intake, evaluation, and follow-up including prescribing psychotropic medication or medication-assisted treatment, as case relevant, with monitoring of labs and medication side effects; monitoring of patient symptomology and risk	Case dependent per treatment plan: up to weekly for individuals prescribed medication (example)
Mental Health RN	<p>List of potential duties to include responsibilities related to medication administration and treatment or discharge planning:</p> <ul style="list-style-type: none"> ▪ Triage of referrals and patients as applicable ▪ Assess vitals ▪ Adhere to provider requests and implement provider orders ▪ Administer or ensure administration/self-administration of psychotropic medications as relevant or ensure patient access to prescribed medications ▪ Track medication compliance and counsel patients regarding noncompliance ▪ Ensure timely submission of medication orders ▪ Work closely with psychiatric provider regarding any medication issues ▪ Serve as liaison between providers and conservators or other community providers by communicating with on duty and on-call providers ▪ Conduct general wellness and hygiene check-ins ▪ Facilitate treatment team meetings as needed and develop/revise treatment plans ▪ Conduct psychoeducational medication education ▪ Monitoring of patient symptomology and risk 	Case dependent per treatment plan: up to weekly for individuals prescribed medication to monitor compliance (example)

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MCRST team position	Intervention Approach	Weekly Individual Contacts
Dual Diagnosis Therapist	Counseling/therapy/psychoeducation/case coordination for mental health or substance use issues; monitoring of patient symptomology and risk	Case dependent per treatment plan: up to weekly for individuals receiving mental health or substance use counseling (example)
Certified Forensic Peer Counselor	Informal support/check-ins by leveraging own lived experience to support patients	Case dependent per treatment plan: up to weekly
Competency Support Specialist	Legal education, most likely 1:1, using the PA COMPKIT curriculum to target competency restoration	Case dependent per treatment plan: up to 1-2x weekly using the PA COMPKIT curriculum to target competency restoration (time needed to cover modules)
Specialized JRS Forensic Support Specialist	Intensive service coordination, communication with courts/legal system, connection to community resources, and release planning if applicable	Unknown, depends on HSAO requirements

6. Describe how racial equity will be addressed in each step of the planning, implementation and evaluation of MCRST. (5 points)

Centurion takes a comprehensive approach to addressing racial equity in the planning, implementation and evaluation stages. To ensure that the program design is responsive to the unique needs and disparities experienced by different racial and ethnic groups, a thorough needs assessment is conducted at the planning stage. Our Chief Psychiatric Officer, Dr. Dauda Griffin, and our Human Resources department collaborate to develop and deliver a program for the joint audience of the Allegheny County Department of Human Services and our own behavioral health team. The program will address the foundation of racial disparities as well as assess racial disparity metrics for individuals involved in the criminal-legal system and includes a panel discussion with industry and field experts. This collaborative approach ensures that the program is inclusive and responsive to the specific behavioral health disparities and inequities experienced by people of different racial groups.

During the implementation stage, Centurion prioritizes recruiting a diverse workforce that reflects the demographics of the population being served and ensures that programs have a diverse range of staff. As of this writing, over 45% of Centurion employees identify as people of color while 78% identify as female. Additionally, Centurion provides new staff with a proprietary New Employee Orientation (NEO) and ensure NEO completion through tracking and monitoring. Our NEO is completed through our online Centurion University and includes ongoing training and professional development opportunities for providers that focuses on

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cultural competency, implicit bias, and anti-racism to promote health equity. Additionally, our Elevate program, offered through Centurion University, serves as an educational series that enables employees to gain a heightened level of self-awareness as well as an awareness of others. In 2021, Elevate presented a series focusing on understanding empathy and challenging our perspectives and ideals by realizing our social blind spots regarding diversity and racial disparities. Some samples of the sessions held include: Session 1 – Diversity and Inclusion – Stories of Inclusion, A Panel Discussion; Session 2 – Racial Disparities in Corrections; Session 3 – Uncovering Blind Spots: Unconscious Bias, Macro & Micro Aggressions.

Another important aspect of the implementation stage is the development and implementation of policies and procedures that promote equity. Centurion implements policies that ensure that healthcare resources are allocated based on need rather than race and that providers are held accountable for providing equitable care to all patients.

Centurion is committed to continually evaluating racial equity in programs to further promote a more just and equitable healthcare system. Centurion collects and analyzes data on program outcomes by race and ethnicity. This data includes access to care, outcomes, patient satisfaction, and utilization of services. By collecting this data, Centurion can identify disparities and evaluate the effectiveness of the program, and develop strategies for improvement.

Program Management and Coordination (40 points)

7. Describe your organization's understanding of the challenges anticipated in developing the MCRST envisioned by this RFP and a strategy to mitigate those challenges. (5 points)

From both the RFP description and Centurion's history of providing services to forensic populations in the midst of legal proceedings that included questions related to competency, we recognize the myriad of challenges in accessing as well as successfully treating and restoring these individuals to competency who have severe mental illness, substance use issues, and/or intellectual deficits. Often these individuals get stuck in incarcerated settings, such as jails, not equipped to meet their needs and resulting in further deterioration, thus moving farther from legal competency. While the MCRST program will provide an opportunity for these individuals to receive treatment and competency restoration services in a myriad of settings, acting as glue in the competency system, challenges remain in establishing contacts and a therapeutic alliance with a population with cognitive deficits, severe mental illness, and/or current substance use issues interfering with their ability to understand and accept these services. Motivational interviewing techniques provide a means to bridge some of these challenges as staff can meet clients where they are at including pre-treatment contemplation and establish a therapeutic connection. Other strategies include building and leveraging collaborative relationships to

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advocate for what patients need outside of available MCRST services. For example, patients requiring medication over objection would still need the services of TSH to stabilize them, yet, then could be transitioned into MCRST services upon release from TSH. Patients requiring the incarcerated setting of ACJ due to safety concerns, could receive competency restoration education within the jail setting from the MCRST, decreasing their time in jail. Other challenges include clients in the community reoffending due to offenses being related to social determinants of health (i.e. stealing food or other resources to meet their basic needs or trespassing due to housing/homelessness issues). Strategies to address these types of challenges include building both strong collaborative relationships with other organizations and resources to address basic needs, social determinants of health issues, and developing a streamlined referral and intake process that provides timely assessment to identify the wholistic needs of clients that must be addressed to support them successfully being able to receive MCRST services. Technical challenges include determining active caseload capacity in consideration of staffing and case dependent travel requirements, as well as a variety of clinical needs and how crisis on call services will operate to complement and boost existing emergency and crisis response services in the county. As this is a new service, it will be of paramount importance that all stakeholders working with, or potentially working with, this population convene to identify and propose solutions for the various challenges the new MCRST may face during implementation, especially challenges that require process changes for the system to function smoothly and support the success of the MCRST.

8. Provide a proposed project plan and timeline for implementation of the MCRST. (10 points)

It is our understanding that there is no set date for contract start, and that proposers should set forth a realistic timeline for program design and implementation. Typically, in our large state programs, Centurion implements transition and is fully operating within 90 days of the contract start date.

As the nation's leading provider of healthcare services to state correctional agencies, we have extensive experience and success with new contract transitions. We have the team and resources in place to effectively transition the contract with no lapses in care. We have successfully transitioned five large state contracts in just the past two years (Delaware, Kansas, Indiana, Idaho, and Missouri), each with the many complexities that we anticipate in the Mobile Competency Program transition. It is worth noting we accomplished these five state transitions during the COVID-19 pandemic, which increased the complexity of each transition.

For a community program such as this one, we propose meeting with the Department to collaborate on a final transition plan to ensure the appropriate timeframe for achieving

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milestones and identification of all stakeholders. Throughout the implementation process, we keep relevant stakeholders up to date with the vital activities occurring during program service transitions. Our communication regarding these activities includes our client, transitioning or new employees, community vendors, and operational, clinical, and functional leads. We believe this philosophy will result in a smooth transition of the service with no lapses in service to the County's patients. Our commitment to transparent and responsive communication will ensure that the County understands at any given time the status of transition activities and associated milestones.

We will designate a corporate regional vice president (RVP) to supervise and monitor the contract transition. The RVP will work closely with a transition lead, as well as identified functional transition leads, from all of our major departments. Additionally, our corporate clinical operations team will work closely with the RVP and County onsite leadership team to monitor, review and maintain services during the contract transition process. The transition lead and clinical operations team will identify and provide transitioning team members onsite clinical and administrative support during the initial transition period.

We will host transition meetings to support clarification specific to transition requirements, validation of current program and processes that fall within the scope of service delivery, and information sharing with transitioning regional and community onsite team members. Our approach supports inclusion of regional and site leadership in an active role and allows them to pass critical information to transitioning onsite healthcare staff.

We will request a meeting between the Department and Centurion leadership upon award notification and the County's approval to initiate communications. The intent of the meeting is to address multiple transition issues that arise or may arise. We will focus on confirming the County's priorities for the transition, the timeframe of the transition, introducing the Centurion transition team and other essential staff, establishing contacts with County's designee(s) and community facility administrators, and additional staff recruitment. During Centurion's initial meeting with Department leadership, we will identify the process and timeframes for routine updates and communication with facility administration. Centurion will collaborate with the County for appropriate distribution of any additional written communications for facility administration and healthcare leadership and onsite staff, as needed during the course of the transition.

Our corporate transition team is composed of individuals from the following departments: Clinical Operations; Recruiting; Utilization Management; Human Resources; Pharmacy Management; Information Technology/EHR; Telehealth; Finance/Payroll; Staff Training and Development; Purchasing and Office Services; Hospital/Specialty Services Contracting.

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We provide below a high-level overview of the primary department tasks related to the County contract and the individuals from those departments responsible for these tasks.

Centurion Transition Activities

Transition Activity	Centurion Contact
Communication with County/Department Central Office	Designated Regional Vice President of Operations
Communication with facility administration and current healthcare leadership	Julie Buehler, Regional Vice President; Centurion Transition Teams
Staff retention and recruitment	Gina Morris, Senior Vice President, Talent Acquisition; Dawn Sechrest, Director of Provider Recruiting; Mindy Halpern, Director of Nursing and Clinical Recruitment
Interface with current healthcare community providers (Allegheny County Jail, Torrance State Hospital, etc)	Julie Buehler, Regional Vice President
Review/revision/approval of Centurion new employee orientation	Julie Buehler, Regional Vice President; Cheryl Esposito, Senior Director of Clinical Training and Development; Jennifer Tyrrell, Vice President of Human Resources
Pharmacy support plan, if applicable	Neeraj Malik, Vice President of Pharmacy Management
Ancillary services and provider network development	Lisa Rossics, Vice President of Network Development
Review and implementation of utilization management practices and offsite healthcare claims processing and reporting	Darren Isaak, Vice President of Utilization Management
Information Technology – including establishing interfaces, securing equipment, testing schedules for current systems as needed	Shant Tossounian, SVP, Chief Information Officer
Telehealth Equipment and Plans	Ethan Pinkert, Manager of Telehealth Systems
Review/revision/approval of Centurion clinical guidelines and disease management guidelines	John May, MD, Corporate Chief Medical Officer
Review/revision/approval of Centurion mental health clinical guidelines and psychiatric treatment guidelines	Dauda Griffin, MD, Corporate Chief Psychiatric Officer
Review/revision/approval of Centurion CQI program	Sheila Reineck, Corporate CQI Coordinator
Reporting	Julie Buehler, Regional Vice President
Finance	Charles Weschke, Chief Financial Officer

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9. Describe your organization's plan to staff the MCRST, including proposed qualifications for team positions, a plan for recruitment and retention of staff, and a strategy for staff training, supervision and quality assurance, including how staff will receive new hire and ongoing trainings. (10 points)

Centurion will adhere to the proposed staffing plan located in RFP Section 2 by staffing the following positions: Psychiatrist (or Psychiatry Fellow) (.33 FTE); Mental Health RN (1 FTE); Dual Diagnosis Therapist (1 FTE); Certified Forensic Peer Counselor (1 FTE); Competency Support Specialist (1 FTE).

Centurion also believes additional positions may be necessary for program management, CQI/Compliance, and administrative services. Some services related to the program, beyond the realm of the positions listed above, will be performed by corporate and regional personnel (e.g., recruiting, human resources, legal, risk management, IT, clinical leadership, etc.). Centurion's credentialing program meticulously reviews and verifies staff qualifications and credentials at hire and annually. We, thus, ensure that only legally qualified behavioral health staff provides behavioral health services to patients. Centurion will ensure that all new hires will maintain ACJ security training and clearances, be willing to work inside the ACJ, and adhere to all ACJ rules, policies and regulations when on site.

Centurion has a team of over 50 full-time recruiters and 60 full-time human resources employees working to attract and support quality healthcare professionals. Our recruiting and retention capabilities include a robust academic affiliation program, state of the art recruiting database, multiple advertising channels, established and continuously expanding networking channels, metrics and data to measure ROI and success, 24-hour candidate access to information, expanding pipeline of candidates, and robust benefits and professional development opportunities. We also use data-mining techniques to add new candidates and new graduates to our recruiting database, and we query this database to identify potential candidates for each position.

To minimize staff turnover, we augment our innovative recruiting approach with a staffing model that supports our employees with strong benefits, an empowering work environment, and resources for professional development. One of the strongest indicators of a company's commitment to its employees is through its benefits program. We are committed to providing a comprehensive benefit program that offers each employee the security and assurance that they have necessary coverage in times of need. In an effort to offer healthcare benefits to as many employees as possible, all employees scheduled to work 30 or more hours per week are eligible to enroll themselves and their dependents. Centurion also offers paid time off, health savings accounts, retirement benefits, life insurance, commuter benefits, and a number of other benefits.

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Centurion's comprehensive staff training program includes new employee orientation, ongoing corporate, program and discipline-specific training, access to online modules and webinars, continuing education units (CEUs), and educational opportunities provided through Centurion University. Centurion's comprehensive and competency-based New Employee Orientation (NEO) program for all staff includes employee specific, learning management system courses, and contract specific orientation. For management and supervisory staff, Centurion University augments instructor conducted and self-study trainings with an online Management Development Training Program that encompasses over 100 management and leadership online courses, online books, printable job aids, interactive videos, and case studies. We designed our NEO modules and manuals to permit group or individual presentations using in person or electronic formats including live presentations, live or recorded webinars, and/or online sessions completed at the employee's convenience available 24 hours a day, seven days a week through Centurion University.

10. Describe your organization's plan for working with outside organizations to assist with meeting MCRST program goals, including working with the Courts, DHS, Jail and JRS to ensure proper training for staff, communication with partners and coordination of services to clients. (5 points)

Centurion plans to actively work with all stakeholders to develop the MCRST program and service. As indicated in our response to Question No.7. above, one strategy to proactively identify challenges for this new service is to convene all stakeholders to develop a successful implementation plan including any needed revisions to existing processes. This would assist with meeting MCRST program goals. If awarded this contract in partnership with DHS, one of our first objectives would be to build relationships with all entities involved with this population. We will do the following:

- Establish a collaborative working relationship with the Courts and BAU for the referral and intake process.
- Coordinate with JRS and HSAO on communication systems, connections to community resources, and on supervision and oversight of the MCRST Specialized JRS Forensic Support Specialist team member.
- Work with the ACJ to ensure access for MCRST staff to attend required security training, and allow access to ACJ rules, policies, and regulations to ensure we incorporate them into our new employee orientation and ongoing training, as relevant.
- Coordinate with both the ACJ and TSH to facilitate transition of patients to, and in some cases from, the MCRST, to include mental health treatment teams at both locations.
- Establish working relationships with a host of community mental health and substance use providers to facilitate referrals and warm handoffs when patients transition out of the MCRST. The MCRST will also collaborate with all community treatment services (such

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as CTT team or outpatient clinic as reflected in the table on page 11 of the RFP) working with any MCRST individual to ensure comprehensive coordinated service delivery to meet the individual's holistic needs.

11. Describe your organization's strategy for tracking and reporting MCRST program outcomes and client outcomes, and a description of how Proposer will evaluate program effectiveness. Please include any outcomes you expect to track above and beyond those described in the RFP. (10 points)

Centurion will track all required data, program and client outcomes, as stated in the RFP. Centurion will collect and share with DHS program data that will be reported to the Pennsylvania Department of Human Services and other stakeholders within Allegheny County.

As described in our response to question No. 2, Centurion utilizes data to evaluate program services, provide reports, and strategize changes based on the information. Utilizing our analytics and informatics team, we pull historical data to research potential trends, to analyze the effects of certain decisions or events, or to evaluate the performance of a given tool or scenario. The goal of producing these analytics is to improve operations and care through the effective utilization of data. This data, information and knowledge is used to improve human health and the delivery of healthcare services. The field of information science is concerned with the management of all aspects of health data and information through the application of computers and technology. Health information technology (IT) is part of informatics, but technology and technological considerations are only one component of the science.

The analytics and informatics team have a broad range of experience that includes statistical programming, data visualization, measure development, and automation; they are experts at liaising between clinical and technical groups to develop innovative solutions.

Beyond the RFP requirements, some of the specific services this department provides include:

- Project and risk management support
- Information systems management support
- Quality, process, and outcomes improvement
- Liaison between technical and clinical groups
- Healthcare information security and privacy consults
- Metric and measurement development
- Program and intervention evaluation support
- Strategy development
- Data interpretation – turning data into actionable information

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Scenarios (15 points)

12. Referring to *Section 7: Appendix*, provide a more comprehensive description of a strategy to support individuals in each the following three scenarios. Consider describing what you foresee to be the greatest challenges, and which, if any, partners you envision engaging. Describe your organization’s experience providing behavioral health treatment services to individuals involved in the criminal-legal system, including to individuals with significant mental health challenges, and improving their behavioral health and well-being.

a. Scenario 1: An individual is incarcerated on a serious charge, such as homicide, and is awaiting transfer to state hospital for competency restoration (5 points)

To support this individual, the MCRST will coordinate with the treatment team at the ACJ to determine what services were being provided and what additional services the MCRST could provide depending on patient needs and clinical presentation. We will engage at minimum weekly with the individual with primary goals of building rapport, assessing mental health issues, and encouraging voluntary engagement with services and legal education if applicable. The collaboration with the ACJ mental health team and a multidisciplinary treatment plan would identify the patient’s needs, services, response to services, and allow the MCRST to be familiar with the case and client prior to transfer to TSH, in preparation for his/her/their potential release from TSH into the MCRST. The greatest challenges would likely be the patient’s mental status with dangerousness risk and potential need for medication over objection at TSH to stabilize, prior to additional counseling or education services being possible. In addition to engaging ACJ, we would also engage with TSH to facilitate and track patient transfer into and out of the hospital. If the patient transferred back to ACJ, we would provide the services listed in Scenario 2, below. Centurion has over 25 years of experience providing behavioral health treatment services, including competency restoration services, to legal-involved individuals with serious mental illness or serious functional impairments, using a recovery-oriented model to improve their behavioral health and well-being. We provide further detail on our experience in response to Question No. 1.

b. Scenario 2: An individual is returned to county jail from the state hospital as competent to stand trial (5 points)

To support this individual, the MCRST would coordinate with the treatment team at the ACJ to determine what services were being provided and what services the MCRST could provide depending on patient needs. In addition to engaging with the ACJ, we will also engage with TSH to determine if the patient needs additional, further, or continuing education using the PA COMPKIT curriculum. The collaboration and multidisciplinary treatment plan will identify the patient’s needs, services, response to services, and allow the MCRST to support the patient and ACJ mental health treatment team in ensuring all of the patient’s clinical and competency

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restoration needs are met. At minimum, the MCRST will engage weekly with the individual in the ACJ to monitor mental health status, encourage continued engagement with treatment, and provide support around release planning, if applicable. The greatest challenge would be preventing psychiatric decompensation with the patient in a non-therapeutic jail setting. Therefore, an emphasis on continued psychotropic medication adherence would be essential in treatment planning. Centurion has over 25 years of experience providing behavioral health treatment services, including competency restoration services, to legal-involved individuals with serious mental illness or serious functional impairments, using a recovery-oriented model to improve their behavioral health and well-being. We provide further detail on our experience in response to Question No. 1.

c. Scenario 3: An individual in county jail or in the community is found not competent/not restorable (5 points)

In this case, the MCRST would provide support with treatment and release planning and placement according to the RFP. From RFP Section 7, Appendix, we understand this includes presenting a placement and treatment plan to the court to consider for bond conditions of release, if individual is at ACJ. The greatest challenge would be locating a placement best suited to provide what the individual needs. We will engage partners able to provide ongoing services to meet the individual's needs depending on whether the individual had significant intellectual disabilities, severe mental illness, substance use issues or some combination. If an individual is found incompetent, the services described in question will be rendered, until the individual is restored to competency or found non-restorable. If a patient is found nonrestorable, the focus of our treatment will be setting them up with resources (e.g., housing, food, treatment, etc.) that will support them at their highest level of functioning while accounting for triggers to re-offense, in order to provide them with the best possible plan to avoid recidivism. Centurion has over 25 years of experience providing behavioral health treatment services, including competency restoration services to individuals in the community, to legal-involved individuals with serious mental illness or serious functional impairments, using a recovery-oriented model to improve their behavioral health and well-being. We provide further detail on our experience in response to Question No. 1.

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Budget (10 points, not included in page count)

13. Attach a detailed start-up budget and annualized budget that clearly supports the program and the implementation plan. (5 points)

Please see our separately uploaded budget and budget narrative for responses #13 and #14.

14. Provide a budget narrative that reflects a realistic estimate of the costs associated with implementing the MCRST. (5 points)

Please see our separately uploaded budget and budget narrative for responses #13 and #14.

Jaron Paul
Allegheny County Department of Human Services
One Smithfield Street
Pittsburg, PA 15222
DHSProposals@AlleghenyCounty.US

Re: DSHRFP-003 Mobile Competency Restoration and Support Team

Dear Mr. Paul and members of the proposal evaluation committee:

Centurion appreciates the Department's inquiry dated May 22, 2023, regarding our previously submitted budget discussion in response to items #13 and #14 in the solicitation regarding the "start-up budget" and "annualized budget" (item #13) and "implementing" costs (item #14). The Department's inquiry specifically asks for clarification of "...*what [services] would be Medicaid billable as opposed to program funded*". First, we would assume the ability to "bill" Medicaid for the services provided under this project would require the individual(s) meets eligibility requirements to be covered under Pennsylvania's Medicaid program. A quick review of Pennsylvania's Medicaid eligibility requirements for individuals indicates the following requirements:

Medical Assistance eligibility* is grouped by:

- Modified Adjusted Gross Income (MAGI)
 - Children aged 18 and under
 - Pregnant women
 - Parents and caretakers of children under 21
 - Adults ages 19-64 with incomes at or below 133 percent of the Federal Income Poverty Guidelines (FPIG)
 - Family planning services
- Non-MAGI
 - Individuals ages 65 and older

- Individuals who are blind and/or disabled
- Medical Assistance for Workers with Disabilities (MAWD)
- Individuals receiving long-term care (LTC) or home and community-based services (HCBS)

**Source: PA Dept. of Human Services (dhs.pa.gov)*

Pennsylvania's Medicaid program also offers the "HealthChoices" program, which allows eligible Medicaid recipients to choose from a number of Managed Care Organizations (MCOs), including MCOs specifically for behavioral health services, by county or region (e.g., Community Care Behavioral Health Organization). The Medicaid program includes specifics for "Covered Services", which indicates what services are specifically covered by Medicaid. For example, the MCO for Allegheny County behavioral health services, Community Care Behavioral Health Organization, Member Handbook, identifies the following services as being eligible as "covered services":

- Behavioral health rehabilitation services (BHRS) (child/adolescent)
- Clozapine (Clozaril®) support services
- Medically managed intensive inpatient withdrawal management (formerly drug and alcohol inpatient hospital-based detoxification services) (adolescent and adult)
- Medically managed intensive inpatient services (formerly drug and alcohol inpatient hospital-based rehabilitation services) (adolescent and adult)
- Drug and alcohol outpatient services
- Drug and alcohol methadone maintenance services
- Family based mental health services
- Laboratory (when related to a behavioral health diagnosis and prescribed by a behavioral health practitioner under the practitioner's scope of practice)
- Mental health crisis intervention services
- Mental health inpatient hospitalization
- Mental health outpatient services
- Mental health partial hospitalization services
- Peer support services
- Residential treatment facilities (child/adolescent)
- Targeted case management services

Other covered services listed include:

- Residential housing and support services
- Rehabilitative and day treatment services
- Outpatient drug and alcohol services
- Drug and alcohol inpatient non-hospital services
- Drug and alcohol partial hospitalization services
- Drug and alcohol behavioral health services
- Mental health general services

The final bullet above regarding *“mental health general services”* includes specific reference to *“mobile”* services as well as *“Forensic Support Case Management Services”*, which includes *“navigating the criminal justice system...including...court proceedings...”*.

The link to where the above information can be found is:

<https://members.ccbh.com/uploads/files/counties/20230222-omhsas-handbook-allegheny.pdf>

Commonly, healthcare services funded under Medicaid must meet certain criteria for “Medical Necessity.” The question as to whether or not all or any of the services sought under this solicitation specific to “restoration to competency” for the purposes of “standing trial” would meet the requirements for “Medical Necessity” under Medicaid, and thus be financially covered by Medicaid would best be answered by Pennsylvania’s Medicaid Authority, which is the Department of Human Services, and/or the relevant MCO(s) for medical and behavioral health services for the region (i.e., Allegheny County). Presumably, the case can be made that targeted recipients of the restoration services sought under this solicitation that are eligible for, or already enrolled in the Medicaid program would meet clinical criteria for “Medical Necessity”, and in need of “covered services”, regardless of their court status in regards to needing restoration-to-competency services. Another question for the Medicaid Authority in regards to coverage would be whether Medicaid coverage eligibility would extend to those who are only seeking and/or receiving clinical services for the sole purpose of restoration to competency.

Another consideration in regards to Medicaid funding for the services sought under this solicitation is whether the clinical service provider, in this case the entity awarded the contract for this project, is an eligible “network provider” or “panel provider” under the MCO(s) in the region. Centurion is not accustomed to conducting fee-for-service billings to private third-party MCO-type organizations for funding and would prefer to be funded for the costs and services of performing the program’s requirements from the buying agency. Given the overall civic good

created by the services of this program, perhaps the Department could seek a special “supplement” from the Medicaid Authority for this program.

In regards to the cost projections for the fixed and variable costs for the program, we included in our original submission an estimated base cost of \$800,000 for the compensation costs related to the required staffing of the following positions:

Position	Full-time Equivalent
Psychiatrist	.33
Mental Health RN	1.0
Dual Diagnosis Therapist	1.0
Certified Forensic Peer Counselor	1.0
Specialized JRS Forensic Support Specialist	1.0
Competency Support Specialist	1.0
TOTAL	5.33

In addition, we anticipate other costs for program management, recruiting, human resources, insurance, travel, legal, risk management, compliance, corporate overhead, supplies, information technology, equipment, training, and margin for an annualized total projection of approximately \$3.8 million, plus assumed inflationary increases per annum. For us to develop a more detailed price proposal with cost projections, we would need additional dialogue with the Department to discuss the Department’s goals and vision for the program.

We strongly encourage the Department to take advantage of the opportunity to hold live dialogue with Centurion regarding the project and the cost estimates to ensure proper funding. We would be glad to participate in person or via televideo conference at the Department’s convenience.