



**ACADIA PARISH**  
**—POLICE JURY—**

**INMATE**  
**HEALTHCARE SERVICES**

RFP # 26-01-04

Acadia Parish Police Jury

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# ACADIA PARISH —POLICE JURY—

Acadia Parish Police Jury

Request for Proposals

Inmate Healthcare Services: Acadia Parish Jail

Crowley, Louisiana

April 8, 2026

**A complete proposal to this RFP must be delivered via mail, hand delivery, or submitted via [www.centralbidding.com](http://www.centralbidding.com)**

No later than 4:00 p.m. CST  
on May 11, 2026 to:

**Mail:**

Acadia Parish Police Jury  
Attn: Shaun Grantham  
P.O. Box A  
Crowley, Louisiana 70526

**Hand Delivery:**

Acadia Parish Police Jury  
505 Northeast Court Cir.  
Crowley, Louisiana 70526

- Proposal must be sealed
- The outside of the envelope, box, or package must be marked with the Proposer's Name, Address, the Proposal Name – **Inmate Healthcare Services: Acadia Parish Jail, RFP # 26-01-04**, and the Proposal Opening Date – **May 12, 2026**
- Late proposals will not be accepted.
- Proposals that are not submitted via mail, hand delivery, or [www.centralbidding.com](http://www.centralbidding.com) will not be accepted.

## Key Events Timeline

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The Key Events and dates are tentative and subject to change.

### Key Events

Event/Action	Date/Time
RFP release date	April 8, 2026
Beginning date for submitting written questions	April 8, 2026
Deadline for submitting written questions	May 4, 2026
Anticipated date of responses to questions	Answered on a rolling basis
Deadline for submitting proposals	May 11, 2026
Anticipated date to notify bidders of selected Vendor (Intent to Award Letter)	TBD
Anticipated date of Award Letter; based on contract agreements	TBD
Anticipated date of finalizing the contract	June 4, 2026
Anticipated contract start date	July 1, 2026

## Introduction

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The Acadia Parish Police Jury is seeking a correctional health care vendor to provide comprehensive, primary, vision, dental, behavioral health, mental health, and substance use disorder health services within the Acadia Parish Jail. The successful vendor will be tasked with providing care to all incarcerated individuals across all levels of custody and services meeting the community standard of care. Specifics related to “care” are further defined below, but this generally includes screening, assessment, treatment, care management, and all other health-related needs of residents, including, but not limited to, daily and routine care; medication management; care for chronic health conditions; urgent care for acute medical needs and mental health crises (e.g., suicidal ideation, psychiatric decompensation); recommended screening for infectious diseases; treatment for moderate to serious mental health conditions, to include cognitive, developmental, and other disabilities and conditions; treatment for substance use disorders; treatment for comorbid conditions; and transition and reentry services including active transition planning and access to resources that will maintain or improve the patient’s general well-being.

## Section 1: Background

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### 1.1 Glossary of Definitions and Abbreviations

**Agency:** When capitalized, this refers to (*Acadia Parish Police Jury*). When set lowercase, it refers to other agencies or agencies generically.

**Bidder:** An entity that is proposing to contract for the services described herein.

**Correctional officer:** Custodial staff. In some facilities this may include Sheriff, deputies, detention officers, police officers, or others.

**Facility:** When capitalized, this refers to (*Acadia Parish Jail*). When set lowercase, it refers to other correctional facilities or facilities generically.

**Health care:** All physical and mental health care, including, but not limited to, emergent; urgent; nonurgent episodic; chronic; palliative; scheduled; inpatient; residential; outpatient; referrals to other onsite professionals; offsite specialty referrals; modifications of specialty referral requests; and action taken on posthospital, post-emergency room, or specialist recommendations.

**Health records:** For the purposes of this RFP, this term refers to all health-related documentation, including clinical still, sound, and video recordings.

**Health services request:** Written or electronic nonurgent request for care submitted by a patient.

**Jurisdiction:** The (*Parish*) government that has controlling authority over Facility.

**Medical practitioner:** A physician, nurse practitioner, or physician assistant.

**Patient:** An incarcerated individual, including pretrial detainees, when the context is the individual in relationship to the provision of health care.

**Proposal, response to the RFP, submission:** The sole written document that bidders submit to Agency in response to the RFP.

**Psychiatric practitioner:** A psychiatrist, mental health-trained nurse practitioner, or mental health-trained physician assistant.

**Resident, incarcerated individual:** A person in custody of Facility, including a pretrial detainee, when the context is the individual generally and not related to the provision of health care.

**Suicide watch:** Heightened observation of a resident by health care and custody staff due to concern that the individual may attempt suicide or other self-harm. The intensity of observation depends on the level of risk of suicide or other self-harm.

**Utilization management:** The evaluation of the appropriateness and medical necessity of health services, procedures, and facilities according to evidence-based criteria.

**Vendor:** The contracted provider of health care to Facility. When referring to an individual, “Vendor” refers not only to employees of the entity, but also individuals or companies that work as Vendor’s agents, including temporary staff and medical providers that are hired or retained. Occasionally, a contractor may be another government agency or a nonprofit entity; this will be obvious from the context. In the contract language, “Vendor” is capitalized when it refers to the entity that will submit the bid and/or enter into the contract. When the word is used to refer to other vendors (e.g., IT vendor) or vendors generically, it is set in lowercase.

The following are abbreviations used more than once in the Template:

**ACA:** American Correctional Association

**ACGME:** Accreditation Council for Graduate Medical Education

**ADA:** Americans with Disabilities Act of 1990

**AUD:** Alcohol use disorder

**CIWA-Ar:** Clinical Institute Withdrawal Assessment for Alcohol–Revised

**CIWA-B:** Clinical Institute Withdrawal Assessment–Benzodiazepines

**CLIA:** Clinical Laboratory Improvement Amendments

**CMS:** Centers for Medicare and Medicaid Services (federal agency that regulates Medicaid)

**COWS:** Clinical Opiate Withdrawal Scale

**CPI:** Consumer Price Index

**CPR:** Cardiopulmonary resuscitation

**C-SSRS:** Columbia-Suicide Severity Rating Scale

**DOT:** Directly observed therapy (medication administration where a staff member watches the patient take the prescribed medication, as opposed to KOP)

**DRG:** Diagnosis-related group

**EHR:** Electronic health record

**EKG:** Electrocardiogram

**EMT:** Emergency medical technician

**ER:** Emergency room

**FTE:** Full-time equivalent

**HCV:** Hepatitis C virus

**HIPAA:** Health Insurance Portability and Accountability Act of 1996, including all updates and revisions

**ICE:** U.S. Immigration and Customs Enforcement

**IT:** Information technology

**KOP:** Keep on person (medications dispensed to patients to retain in their living unit for self-administration, as opposed to DOT)

**KPI:** Key Performance Indicator

**LPN:** Licensed practical nurse; sometimes referred to as a licensed vocational nurse (LVN)

**MH:** Mental health

**MOUD:** Medications for opioid use disorder

**MRS 1115:** Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving Carceral Facilities/Medicaid Reentry Section 1115 Demonstration Waivers

**MS-DRG:** Medicare Severity Diagnosis Related Group. This is a code (or one of multiple codes) assigned by a hospital to a patient's inpatient stay based on a uniform set of codes published by CMS. The MS-DRG determines the fee the hospital can recover from payors.

**NCCHC:** National Commission on Correctional Health Care

**OTP:** Opioid treatment program

**OUD:** Opioid use disorder

**P&Ps:** Policies and procedures (unless otherwise indicated by the context, P&Ps generally include the forms that are referenced in the P&P)

**PCP:** Primary care provider (a medical practitioner who is assigned primary responsibility for a patient's physical health care)

**PREA:** Prison Rape Elimination Act of 2003

**PRN:** Pro re nata, Latin for "as needed"

**RFP:** Request for proposal (document issued by a jurisdiction describing the contracted services it is seeking to procure and soliciting proposals from interested vendors; some jurisdictions use terms such as request for information, request for quote)

**RN:** Registered nurse

**SUD:** Substance use disorder

**USMS:** U.S. Marshals Service

## 1.2 Overarching Goals and Terms

Purpose: Provide 24/7 medical care to inmates at the Acadia Parish Jail including: Physician/Medical Director, Nursing, Mental Health (including Psychiatric Care), Prescription Administration, Oral Health, Emergency Care, Specialty Care, Medical & Office Supplies, Officer Training, Maintenance of Medical Records, Proper Disposal of Medical Waste, and Proper Use of Medical Equipment.

### 1.2.1

Facility plans to enter into a contract with Vendor effective at 8:00 a.m. on the 1st day of July 2026 for a period of 1.5 years. Agency may elect to extend this Agreement for three (3) one (1) year periods upon a ninety (90) day advance written notice upon the same terms and conditions herein.

### 1.2.2

Vendor shall be responsible for providing comprehensive medically necessary health care in an ethical and humane manner to all individuals in Facility's custody, whether housed in Facility's buildings or offsite, inclusive of individuals who are admitted/booked by proxy (i.e., are not physically present in Facility at the time they become the custodial responsibility of Facility). The care provided shall be constitutionally adequate, consistent with all federal and state civil rights laws and regulations, and consistent with the community standard of care. For individuals who have additional needs and health care vulnerabilities beyond those of the general incarcerated population, including, but not limited to women, the elderly, individuals who are cognitively impaired (e.g., dementia), individuals with disabilities, youth, and individuals identifying as LGBTQIA+, Vendor shall provide care for those needs consistent with the community standard of care.

### 1.2.3

Vendor shall provide first aid and other emergency care to staff, volunteers, visitors, or other nonresidents on Facility's property if the emergency occurs when Vendor staff are on premises, and until such time as community emergency services assume responsibility for the patient's care.

### 1.2.4

Vendor shall provide the following other health care and support services:

Testing of all Facility staff annually for tuberculosis via blood testing (IGRA), which is preferred, or skin testing (TST) as an alternative.

Evaluation of resident workers for fitness for work.

All housekeeping duties in Vendor-operated areas (e.g., patient treatment areas, vendor staff offices, health care storage areas) except for the bathrooms, showers, and vents.

Safe collection and disposal of all medical and biohazard waste.

### 1.2.5

**Representative:** The Acadia Parish Police Jury Board President or his designee is the official Acadia Parish Police Jury representative for this RFP and subsequent contract. Communication between the Acadia Parish Police Jury and Vendor shall be directed through the Acadia Parish Police Jury CPA, Shaun Grantham.

## 1.2.6

**Termination:** It is the Parish's plan to terminate a contract with Vendor upon the following events:

- a. Termination by mutual agreement. In the event the parties mutually agree in writing, this Agreement may be terminated on the terms and dates stipulated therein.
- b. Termination without cause. Agency shall have the right to terminate this Agreement without cause and/or for convenience by providing Vendor thirty (30) calendar days written notice via certified mail, return receipt requested; overnight courier with proof of delivery; or hand delivery with proof of delivery. Both parties acknowledge that they have received good, valuable, and sufficient consideration from each other, the receipt and adequacy of which are, hereby acknowledged by each party, for Agency's right to terminate this Agreement without cause and/or for convenience. The parties agree that if the Agency erroneously, improperly, or unjustifiably terminates for cause, such termination shall be deemed a termination for convenience, which shall be effective as stated within this section.
- c. Termination for cause. In the event of a material breach of the contract, either party may provide the other party with written notice of the material breach. The other party shall have thirty (30) days from the date of its receipt of such notification to cure such material breach. If the material breach is not cured within that time period, the nonbreaching party may, at its sole discretion, terminate the contract immediately. Material breaches shall include, but are not limited to, violations of local, state, or federal laws or regulations; removal from an accreditation program by the accrediting body; and noncompliance with the community standard of care, Facility's policies and procedures, the terms or conditions required of any court order, settlement agreement, stipulation or other similar instrument, or the terms and conditions of the contract. Facility may, at its sole discretion, terminate this contract for cause if Vendor made any material misrepresentation in its written (bid submission) or oral (presentation) responses, assertions, or representations to this RFP.
- d. Termination for change in Vendor business status. Agency, in its discretion, may terminate this Agreement immediately upon insolvency, bankruptcy, placement in receivership, or change of ownership of Vendor.
- e. Termination for lack of funds. In the event the funds to finance this Agreement become unavailable or are not allocated, Agency may provide Vendor with thirty (30) days written notice of termination. Nothing in this provision shall be deemed or construed to prevent the parties from negotiating a new Agreement in this event.

## 1.3 Adherence to External Operational Requirements (Standards, Regulations, Laws)

### 1.3.1

Vendor shall operate in compliance with all federal, state (including state-mandated jail or prison standards), and local laws, ordinances, and regulations. Vendor shall operate in compliance with any such requirements that do not exist now but are imposed during the life of the contract with Vendor. Vendor shall cooperate with any monitoring required by any of the above.

### 1.3.2

Vendor shall adhere to the current edition of NCCHC Standards for jails, the current ACA Standards for jails incorporating any updates contained in ACA Standards Supplements and ACA Standards Committee Meeting Minutes, and any state-mandated correctional standards. If the relevant set of standards is updated, Vendor shall be required to adhere to the updated standards no later than six (6) months after their publication. Where the standards conflict with any other requirement in this RFP, Vendor shall adhere to the more stringent requirement.

### 1.3.3

Vendor shall apply for initial accreditation with NCCHC, ACA, or Joint Commission within six (6) months of the contract start date. Vendor shall participate in an accreditation audit or survey when one is scheduled by the accrediting

body. Vendor shall receive accreditation within six (6) months receipt of the accrediting entity's decision. Vendor shall maintain accreditation, including reaccreditation, throughout the life of the contract. Vendor shall bear the cost of accreditation and reaccreditation. If Vendor fails to achieve accreditation in this time frame, it will incur one-time liquidated damages of up to a maximum of \$15,000. In the event Vendor fails to maintain accreditation, or the accrediting body issues a warning that accreditation is in jeopardy (e.g., "provisional" or "probationary"), Vendor shall cure the deficiency to the satisfaction of the accrediting body within the time frame established by the accrediting body. If Vendor fails to cure the deficiency in that time frame, Facility will, at its sole discretion, impose one or more of the following: liquidated damages of up to a maximum of \$2,000 per day until the deficiency is cured to the satisfaction of the accrediting body; liquidated damages once in the maximum amount of \$60,000; termination of the contract. In addition, Vendor shall be responsible for any additional fees charged by the accrediting body. Notwithstanding liquidated damages, failure to achieve accreditation is a basis for termination of the contract.

## Section 2: Description of the Setting

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### 2.1 Community

The Acadia Parish Jail is located at 1037 Capitol Ave, Crowley, Louisiana 70526. The jail houses approximately 175 male and female inmates. It has a total capacity of 190 beds.

### 2.2 Health Care Operations

The jail is staffed 24/7.

The vendor is expected to supply the EHR (e.g., Cerner, Epic, CorEMR).

### 2.3 Medicaid

#### 2.3.1

The State of Louisiana is a Medicaid expansion state.

#### 2.3.2

Our state has applied for a MRS 1115 Waiver. The application is awaiting action by CMS.

#### 2.3.3

Our state is a Medicaid suspension state. Coverage is suspended for the duration of incarceration.

## Section 3: Vendor Staffing Positions, Staffing Model, and Resources

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### 3.1 Key Contract Leaders

#### 3.1.1

Submit an organizational chart including Facility and relevant headquarters staff. Label this response: **3.1.1 Organizational chart including Facility and relevant headquarters staff.** *No word limit.*

#### 3.1.2

Describe the authority and responsibility of each organizational leadership position that will be involved in management of this contract (staff wholly devoted to this contract and next-level leadership overseeing that staff). Confirm that all clinical decisions will be the sole province of health care professionals appropriately trained and licensed. Label this response: **3.1.2 Authority and responsibility of each organizational leadership position that will be involved in management of this contract. Confirm that all clinical decisions will be the sole province of health care professionals appropriately trained and licensed.** *1-page limit.*

#### 3.1.3

Describe the qualifications and credentials for the above leadership positions. Include any academic affiliations. Label this response: **3.1.3 Qualifications and credentials for the above leadership positions.** *500-word limit total.*

#### 3.1.4

Provide the name and describe the qualifications of at least two incumbents in each of the above Facility-based leadership positions who, either currently or within the past three (3) years, serve(d) in these positions in facilities equivalent to ours where you provide health care.

#### 3.1.5

When filling, or refilling, any of the above leadership positions assigned entirely to this Facility, Vendor must seek prior approval of Facility. Such approval may be based on security clearance, professional qualifications, and professional history.

#### 3.1.6

When any Facility leadership position or their direct supervisory position becomes vacant, Vendor shall (a) notify the Warden within two (2) business days, (b) fill the position permanently within two (2) months of the vacancy, and (c) within one (1) week identify the individual who will fill that role in the interim.

## 3.2 Staffing Model

### 3.2.1

Vendor agrees to provide adequate supervision of clinical staff to ensure safe patient care and to satisfy any regulatory requirements for supervision.

### 3.2.2

Vendor shall ensure that all staff on duty have active licenses, certifications, and/or registrations to legally perform the tasks they are performing or expected to perform.

### 3.2.3

State whether you plan to use peers (currently or formerly incarcerated) for any health-related activities, e.g., peer support for patients with substance use disorder, end-of-life care. If you do plan to use peers, describe your process for selecting, training, and monitoring their work. **Label this response: 3.2.4 Use of supportive peers. 400-word limit.**

## 3.3 Staff Salary and Compensation

### 3.3.1

For each type of position listed in Provision 3.2.1, indicate the minimal compensation you will offer. Compensation should be expressed as the hourly compensation and should include the monetary value of any benefits, whether benefits are offered, and any other enhancements to compensation (e.g., bonuses, incentives). **Label this response: 3.3.1 For each type of position listed in Provision 3.2.1, the minimal salary and benefits Vendor will offer. No word limit.**

## 3.4 Recruitment and Retention

### 3.4.1

Describe your plan for initial recruitment, ongoing filling of vacancies, and retention of key leadership and frontline positions. Include a description of your recruiting resources, systems, and personnel. **Label this response: 3.4.1 Plan for initial recruitment, ongoing filling of vacancies, and retention of key leadership and frontline positions, with description of recruiting resources, systems, and personnel. 600-word limit.**

### 3.4.2

Vendor shall notify Facility within two (2) business days of any vacancy and its plans to fill the position. Vendor shall update Facility weekly on the status of any vacancies.

### 3.4.3

Vendor shall reimburse Facility for unspent staffing expense when the “must-have” positions are vacant. Unspent staffing expense is calculated as the sum of the hourly salary of the most recent incumbent in the vacant position plus the prorated hourly monetary value of benefits multiplied by the number of hours the position is unstaffed, or, if the most recent incumbent was a contractor, the hourly compensation of that contractor multiplied by the number of hours the position is unstaffed. If the position never had an incumbent (i.e., before the contract start date), unspent staffing expense is calculated using the corresponding data from the list of minimum salaries submitted in response to Provision 3.3.1. Facility will deduct the amounts calculated from its monthly payment to Vendor.

### 3.4.4

All Vendor personnel who work on Facility property are required to undergo a background check by Facility and drug screening. Failure to pass the background check or drug screening is not a justification for Vendor to fail to fill any

position as required in this RFP. Facility will endeavor to complete background checks within five business days. Vendor may select the laboratory to conduct drug screening. The cost of drug screenings is the sole responsibility of Vendor. Facility reserves the right to request a copy of the drug screening report on any Vendor personnel as an audit of compliance with this provision of the RFP.

### 3.5 Staff Continuation or Transition

#### 3.5.1

Vendor agrees to honor and grant all paid time off earned but unused by employees of Facility's previous vendor for any individual who was an employee in good standing at the time the previous vendor's contract ends and who Vendor hires to work at Facility, whether or not there is a gap in employment.

### 3.6 Staff Overtime

#### 3.6.1

Health care staff responsible for direct patient care shall not work for Vendor beyond the following limits: no more than twelve (12) hours in any twenty-four (24)-hour period and no more than sixty (60) hours in any seven (7) consecutive days. The limits on overtime may be extended during emergency situations in which a patient's safety is in jeopardy and no reasonable alternative can be found, or during a declared emergency (e.g., riot, natural disaster) and as agreed to in writing by Facility. Time spent on call is not included in these overtime limits. Failure to hire or retain adequate staffing is not an emergency situation.

### 3.7 Staff Preparedness

#### 3.7.1

Describe your systems and processes for ensuring that clinical professionals have onsite access to up-to-date clinical resource materials. **Label this response: 3.7.1 Systems and processes for ensuring clinical professionals have onsite access to up-to-date clinical resource materials. 250-word limit.**

#### 3.7.2

Vendor agrees to provide all of its staff and contractors with all relevant training prior to staff members beginning work for/at Facility. Such training includes, but is not limited to, training on corrections-specific clinical issues, P&Ps, ethical standards, the emergency response plan, and professional ethics. Vendor also agrees that for all its staff and contractors whose professions require registrations, certifications, or licensures, these instruments are valid and active at all times working for/at Facility. The content, manner of training, verification of successful learning, and frequency of update or refresher training shall be consistent with reasonable industry standards. At its sole discretion, Facility may relax certain of these requirements for staff who are functioning in a "shadow" capacity, wherein they are always physically accompanied by a staff member who has already satisfied these requirements.

#### 3.7.3

Vendor agrees to assure that all mental health clinicians (psychiatric practitioners, psychologists, master's-level counselors) have satisfactorily completed dedicated training in suicide assessment, treatment, and management within the past four (4) years and every four (4) years subsequently.

#### 3.7.4

All Vendor staff must satisfactorily complete an institutional orientation as specified by Facility, prior to working in Facility, including, but not limited to, emergency P&Ps and basic security issues. Facility reserves the right to bar from Facility any Vendor staff or subcontractor who has not successfully completed this training.

### 3.7.5

Vendor shall ensure that all of its employees and contractors have at all times a valid license, certification, registration, or other required credential to legally and safely perform the clinical activity they are responsible for and are up to date on all legally required continuing education. Vendor shall immediately notify the Warden if Vendor discovers that any of its staff or contractors performed clinical activities under this contract when they did not have the required credentials or continuing education. Vendor shall not engage any professional whose license, certification, registration, or other required credential limits or restricts their practice to a correctional facility.

## Section 6: Cost Modeling, Billing, and Cost Recovery

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### 6.1 Cost Modeling

#### 6.1.1

##### *Model C: Capitation*

##### 6.1.1.a

Submit a proposal for your costs under a capitated model for all care. Specify how often the model is readjusted. Label this response: **6.1.1.a Cost proposal under a capitated model and how often the model is readjusted.** *No word limit.*

##### *Model D: Flat Rate*

##### 6.1.1.b

Submit a proposal for your costs under a flat rate model for all care (fixed rate regardless of health care provision or population changes). Label this response: **6.1.1.b Cost proposal under a flat rate model.** *No word limit.*

#### 6.1.2

For a capitated and/or flat-rate contract, the contract price will be adjusted annually on each anniversary of the contract (to be continued if the contract is extended) as follows. The rate will be increased relative to the previous year by 3% or the average Consumer Price Index for All Urban Consumers (CPI-U), U.S. City Average, Expense category, Medical Care category, for the six (6) consecutive months beginning seven (7) months prior to the anniversary month, whichever is lower.

### 6.2 Facility vs. Vendor Costs

#### 6.2.1

Unless otherwise stated in this RFP, Vendor shall bear all costs related to the provision of health care, including, but not limited to, the following:

- a. Medical, dental, mental health, and substance use-related care in Facility
- b. Dialysis
- c. Pregnancy-related and postpartum care and birth control, including specific care described elsewhere in this RFP
- d. Medical supplies
- e. Transportation services, including, but not limited to, nonemergency ambulance, 911 ambulance, and airborne evacuation

- f. Offsite use of emergency services, urgent care center, hospital, rehabilitation center, long-term care Facility, and hospice care
- g. Medical evacuation ordered by Facility staff if they believe, using the reasonable judgment of a lay observer, that time is of the essence, whether this occurs before requesting authorization from Vendor staff, or after Vendor staff has been notified of the situation but have declined to authorize evacuation
- h. Offsite or onsite emergency care, urgent care, testing, imaging, other diagnostics, specialty care, radiation, physical therapy, and occupational therapy
- i. Pharmaceutical and pharmaceutical-related expenses, including, but not limited to, medication administration supplies, pharmacy license, and pharmacy inspections
- j. The provision, maintenance, and repair of durable medical equipment, prosthetics, orthotics, corrective lenses, hearing aids, and other assistive devices, including the cost of such equipment if the patient is discharged to home with it, unless, upon discharge, the equipment can be paid for by another entity and the patient has seamless access to necessary equipment during reentry
- k. Long-distance phone charges and related billing charges
- l. Biohazardous and pharmaceutical waste management and disposal
- m. Administrative personnel to process security clearances, new hires, and onboarding through the 90-day probationary period
- n. Licenses, including, but not limited to, pharmaceutical, radiology, and dental activities, and Drug Enforcement Administration licensure
- o. Onboarding or periodic drug testing for Vendor's employees or contractors
- p. Provision and operation of an EHR
- q. Legal defense of Vendor, Facility, and/or agent, employee, and/or contractor for claims/lawsuits related to the services contracted for, including attorneys' fees and costs and damages awarded via settlement or jury verdict
- r. Legal fees for appearance in court related to complaints about health care
- s. Fines, penalties, judgments, and settlements against Facility for failure to perform any activity required to be performed or facilitated by Vendor under the contract

### 6.2.2

Vendor is not responsible for the following costs:

- a. Neonatal care
- b. Care in state mental health facilities for court-ordered restoration of competence
- c. The portion of hospital care covered by Medicaid for Medicaid eligible patients hospitalized for more than 24 hours provided that Vendor has correctly, appropriately, and timely performed all tasks necessary for Medicaid coverage

### 6.2.3

Vendor is responsible for all costs related to the provision of health care, as described in this RFP, for individuals when they become the custodial responsibility of Facility, whether or not they are housed in Facility (e.g., "booking by proxy"). Conversely, if an individual who is being transferred to the authority of Facility is rejected at intake for any reason, including health care instability, and Facility does not assume custodial responsibility, Vendor is not responsible for any health care provided.

## 6.2.4

The science of medicine grows and evolves. New diseases, new treatments, and new approaches to care are likely to arise during the life of this contract. Where such changes are substantial in novelty, breadth, and cost, it is the Facility's intention to negotiate amendments to the contract. Two examples of such changes are the discovery of highly effective treatments for hepatitis C, a highly prevalent disease among incarcerated individuals, along with national guidelines recommending widespread treatment, and the COVID-19 pandemic. It is Facility's expectation that Vendor will negotiate in good faith to arrive at amendments that are fair to both parties. On the other hand, where changes are incremental and/or not substantial in novelty, breadth, or cost, it is Facility's expectation that Vendor will adjust the care it provides, in accordance with the community standard of care; Vendor shall not be entitled to additional payment or other contract modifications. Examples of such incremental changes include availability of an expensive biologic disease-modifying drug for a disease that is not highly prevalent and for which none existed before; the shift in national guidelines for management of high cholesterol in certain at-risk individuals, recommending treatment with statins regardless of cholesterol levels.

## 6.3 Furniture and Equipment

### 6.3.1

Vendor shall inspect health care and non-health care equipment, furniture, and supplies of each health services area during Facility Tours. All health care and non-health care equipment, furniture, and supplies remaining onsite on the first day of the contract are owned or leased by Facility, unless otherwise specified.

## 6.4 Pharmaceutical Purchasing and Costs

### 6.4.1

The Facility is currently researching the best option for the purchase of pharmaceuticals. Please provide a proposal with and without the cost of supplying pharmaceuticals and include any cost saving programs. Label this response:  
**6.4.1 Whether bid considers any pharmaceutical price savings programs and description of those programs.**

## 6.5 Cost Recovery

### 6.5.1

Facility and Vendor agree to cooperatively explore and implement agreed-upon billing opportunities as local, state, and federal laws and rules change.

### 6.5.2

Any funds recovered from any payor for care provided to Facility patients by Vendor or paid for by Vendor, whether paid directly to Facility or Vendor, shall become the property of Facility.

### 6.5.3

Vendor is responsible for timely application to payors, including, but not limited to, Medicaid, private health insurer, or grantor, for any health care provided to Facility residents that those entities should cover. Vendor is responsible for cooperating with any inquiries from payors that are required for, or facilitate, payment. Vendor is responsible for paying for such care initially if there is any delay in payment by the payor.

## **6.6 Facility Payments to Vendor**

### **6.6.1**

Vendor shall submit a monthly invoice, via mail and email, to the Acadia Parish Police Jury, Attention: Accounts Payable, P.O. Box A, Crowley, Louisiana 70526 – [purchaseagent@appj.org](mailto:purchaseagent@appj.org).

Facility shall render payment to Vendor within thirty (30) calendar days of Facility's receipt of an accurate and complete invoice, less any amount allowed by any other provision of the contract.

### **6.6.2**

Vendor shall provide Facility timely access to any and all of Vendor's records that are necessary to verify the accuracy of any part of Facility's payment to Vendor that is contingent upon Vendor's performance, activities, purchases or acquisitions, or payments.

### **6.6.3**

At Facility's sole discretion, Facility may withhold part or all of a monthly payment to Vendor if Vendor has failed to produce complete, accurate, and true documentation necessary to verify the accuracy of any part of Facility's payment to Vendor that is contingent upon Vendor's performance, activities, purchases or acquisitions, or payments, or has failed to produce any report or document required by the contract that was due by the time of the monthly payment.

## Section 7: Ancillary Health Services

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### 7.1 Health Records and Health Record Requests

#### 7.1.1

Vendor shall maintain an adequate health record consistent with the community standard, including, but not limited to, the following attributes:

- a. The health record list shall be accurate, complete, and easily usable. “Easily usable” includes, but is not limited to, the following qualities: resolved or historical conditions or diagnoses are separated from current conditions; the date of onset or resolution of resolved or historical conditions or diagnoses is indicated, if known. Diagnoses of current conditions are listed only once; redundant diagnoses do not appear. For example, a problem list would not simultaneously list “heart disease,” “heart failure,” and “congestive heart failure, not otherwise specified.” The user of the record shall be able to easily view relevant background of listed conditions. For example, a diagnosis of congestive heart failure might be accompanied by such information as “Diagnosed by echocardiogram in 2014 with ejection fraction of 35%. Repeat echocardiogram 2019 shows ejection fraction of 25%.” A diagnosis of schizophrenia, multiple episodes, currently in partial remission, might be accompanied by such information as “Failed treatment with a variety of first- and second-generation antipsychotics. Started on clozapine 2022.”
- b. For EHRs, imported or scanned documents (e.g., diagnostic test results, consultation reports, hospital discharge summaries) shall be filed in a clear and usable manner. For example: Documents shall be scanned into the health record within two (2) business days of receipt, reviewed by a practitioner within four (4) business days of receipt, scanned right side up, readable as a single file (for a multipage document), and accurately labeled with meaningful titles/file names. Fewer than 1% of files have titles/file names that begin with “Miscellaneous” or “Other.” Scanned documents shall be dated (and appear in any programmed or ad hoc list according to this date) based on the clinically relevant date of the document, not the date scanned. Examples of clinically relevant dates include the following: laboratory test – the date the test was reported by the lab, discharge summary – the date of discharge, a prior health record – the date it was received, and an imaging study – the date of the study.
- c. For paper health records, the records shall be maintained in a clear and usable manner. For example: All documents shall be legible with the printed name, title, and signature of its creator and the date and time of its creation; documents shall be filed in chronological order; external documents shall bear the date they were received at Facility, shall not be filed in the record until reviewed and initialed by a practitioner, and shall be filed in the record within four (4) business days of receipt.
- d. Clinically relevant, acute and chronic conditions shall include a clinically appropriate treatment plan.

#### 7.1.2

Vendor shall provide patients with access to their health record. Upon written request from a patient, a patient may, once every six (6) months, have a copy of any part of their health record that has not already been provided, without charge. Between these times, upon patient request (which is limited to no more often than once every thirty [30] days), Vendor shall provide a copy of any part of their health record that has not already been provided. Vendor may charge nonindigent patients a maximum of two cents (\$0.02) per page if provided in paper (and retain these fees). If there is an EHR and patients can receive, store, and have a mechanism to retain health records electronically (e.g., with the use of tablets) after release, Vendor may provide requested health records electronically, but may not charge a fee.

### 7.1.3

Although Vendor shall be the custodian of patient health records, Facility is the owner of all patient health records. At the conclusion of the contract, Vendor shall return full control of all health records to Facility and destroy all paper or electronic copies of health records in its possession. For the purposes of this RFP, “health records” includes clinical still, sound, and video recordings.

### 7.1.4

Vendor shall ensure that health records are maintained for a period of time consistent with federal and state law and regulations.

### 7.1.5

State which Vendor personnel will have access to health records and what level of access they will have (e.g., read only; read and write; read, write, and amend; authority to download/save data to a different location). Label this response: **7.1.5 Vendor personnel who will have access to health records and the level of access they will have.** *200-word limit.*

## 7.2 Grievances

### 7.2.1

Vendor shall respond to emergency grievances from patients within four (4) hours of receipt and other grievances within seven (7) business days of receipt. An emergency grievance is one that is either labeled as such or that, in the opinion of Facility staff, is an emergency. In general, Vendor staff shall meet in person with a patient who has submitted a grievance; if a meeting is unnecessary, that shall be documented in the grievance file. Vendor shall make a good faith attempt to resolve each grievance in a timely manner. Grievance responses shall be thorough, respectful, meaningful, and acknowledge when a program improvement should be made. All grievance responses shall include a determination of “resolved” or “not resolved.” A practitioner (medical, mental health, dental) shall be involved in addressing all grievance appeals.

## Section 8: Vendor Qualifications

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### 8.1 Vendor Requirements

#### 8.1.1

Facility will take the following vendor attributes into account when evaluating proposals: having a long track record of providing safe, humane, constitutionally adequate health care at the community level of care to residents at similar and other facilities; size; length of time in business; name changes, especially when associated with any restructuring; litigation history; history of adverse actions taken against the firm or its employees or agents by government entities or clients; financial stability; correctional experience; performance history and experience contracting with facilities similar to ours; key corporate and local personnel; professional histories of previous and current employees; ability to attract and retain employees; capability to fulfill the contract requirements now and for the duration of the contract; reputation; and feedback from previous and current clients.

### 8.2 Vendor History

#### 8.2.1

How many years has your firm been providing correctional health services similar to those described in this RFP? Label this response: **8.2.1 Number of years Vendor has been providing correctional health services similar to those described in this RFP.** *20-word limit.*

#### 8.2.2

List all correctional or detention entities with which you have contracted to provide services in the past five (5) years. Include average daily population, the contract manager's contact information, and whether the contract is active or has ended. Label this response: **8.2.2 All correctional or detention entities with which Vendor has contracted to provide services in the past five (5) years, average daily population, the contract manager's contact information, and whether the contract is still active.** *No word limit.*

#### 8.2.3

Please provide a letter on your letterhead giving Facility permission to discuss your Vendor performance with any of the entities listed in your response to Provision 8.2.2. Label this response: **8.2.3 Letter giving Facility permission to discuss Vendor's performance with entities listed in response to Provision 8.2.2.** *1-page limit.*

#### 8.2.4

For your three (3) most recent contracts that started at least three (3) months before issuance of this RFP, please provide, for each of the most recent twelve (12) months (or as many months the contract has been in effect, if less than twelve [12] months): the number of hours of onsite service the contract required you to provide by for each health care discipline and the number of hours actually provided, as shown in the sample table. Limit the information to the following disciplines:

Example	Month	Discipline	Contracted Service Hours	Service Hours Provided
<b>Contract 1</b>		RN		
		LPN		
		Psychiatrist		
		Medical Director		
		Mid-Level Provider		
		Mental Health Staff		
<i>Totals</i>				
<b>Contract 2</b>				
<i>Totals</i>				
<b>Contract 3</b>				
<i>Totals</i>				

Label this response: **8.2.4 Number of hours of onsite service Vendor was required to provide for each health care discipline and number of hours actually provided.** *No word limit but must use the format shown in the sample.*

**8.2.5**

In the past ten (10) years, has your firm, or a company that you were previously called, been assessed liquidated damages or penalties or been put on corrective action, including receipt of default letters or notices of corrective action for contract noncompliance, or other performance improvement plan while contracting with any correctional or detention entity? If yes, explain circumstances, including entity name, date(s) of action, cause for action, and outcome. Label this response: **8.2.5 In the past ten (10) years, Vendor assessments of liquidated damages or penalties, or corrective action or other performance improvement plan while contracting with any correctional or detention entity; circumstances, including entity name, date(s) of action, cause for action, and outcome.** *No word limit.*

**8.2.6**

In the past ten (10) years, has any contract between your firm, or a company that you were previously called, and a correctional or detention entity terminated (voluntarily or involuntarily) before the natural expiration of contract? If yes, explain circumstances, including entity name. Label this response: **8.2.6 In the past ten (10) years, Vendor contracts with a correctional or detention entity that terminated before the natural expiration of contract and circumstances, including entity name.** *No word limit.*

**8.2.7**

List all claims or litigation initiated against your firm (bidding entity) and parent company if the parent company is also engaged in health care, a company that you were previously called, related corporate entities, or employees of your firm related to work performed under your contract with a correctional or detention entity in the past five (5) years. This would include, but is not limited to, claims made by individuals, the U.S. Department of Justice, the U.S. Department of Homeland Security, a state regulatory agency, or a disability advocacy organization. If applicable, include the identity

of the court and case number, nature of the claim and the outcome (e.g., trial, settlement, amount paid, pending). Label this response: **8.2.7 All claims or litigation initiated against Vendor, parent company, related entities, or Vendor employees related to work performed under a contract with a correctional or detention entity in the past five (5) years.** *No word limit.*

### 8.2.8

List all state, federal, or grand jury investigations of your firm in the past ten (10) years. Label this response: **8.2.8 All state, federal, or grand jury investigations of Vendor in the past ten (10) years.** *No word limit.*

### 8.2.9

List all adverse actions taken by any licensing agency against anyone providing services for your firm where the action is related to those services. Label this response: **8.2.9 All adverse actions taken by any licensing agency against anyone providing services for Vendor where the action is related to those services.** *No word limit.*

## Section 9: Insurance, Bonding, and Liability

### Section Content

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9.1	Insurance, Bonding, and Liability	26

## 9.1 Insurance, Bonding, and Liability

### 9.1.1

Throughout the term of this Agreement and for all applicable statutes-of-limitation periods, Vendor shall maintain, in full force and effect, the insurance coverage set forth in this section.

### 9.1.2

All insurance policies shall be issued by companies that (a) are authorized to transact business in the State of Louisiana, (b) have agents upon whom service of process may be made in Acadia Parish and (c) have a Best's rating of A-VI or better.

### 9.1.3

All insurance policies shall name and endorse the following as additional insureds: Acadia Parish Police Jury; the Jurors; and their officers, agents, employees, and commission members with an Additional Insured – Designated Person or Organization endorsement, or similar endorsement, to the liability policies. An additional insured is defended and indemnified for claims to the extent caused by the acts, actions, omissions, or negligence of Vendor, its employees, agents, subcontractors, and representatives, but is not defended or indemnified for the additional insured's own acts, actions, omissions, or negligence.

### 9.1.4

All insurance policies shall be endorsed to provide that (a) Vendor's insurance is primary to any other insurance available to the additional insureds with respect to claims covered under the policy and (b) Vendor's insurance applies separately to each insured against whom claims are made or suit is brought and that the inclusion of more than one insured shall not operate to increase the insurer's limit of liability. Self-insurance shall not be acceptable.

### 9.1.5

Vendor shall provide Facility with a copy of the certificate of insurance or endorsements evidencing the types of insurance and coverages required by this provision prior to beginning the performance of work under this contract and, at any time thereafter, upon request by Facility. Vendor's insurance policies shall not be canceled, nonrenewed, restricted, reduced in coverages or limits, or otherwise materially altered without providing Facility at least thirty (30) days prior written notice. Notice shall be sent to Acadia Parish Police Jury, Attention: Shaun Grantham, CPA, P.O. Box A, Crowley, Louisiana 70526. If Vendor fails to submit the required insurance certificate in the manner prescribed, Vendor shall be in default and the contract shall be rescinded. Under such circumstances, Vendor may be prohibited from submitting future solicitations to Facility.

### 9.1.6

Vendor shall carry the following minimum types of insurance when services are being provided and installation/labor is being provided, and in any instance where your firm will be on Facility premises (Commercial General Liability is to be carried by all contractors):

- a. Vendor shall carry Worker's Compensation insurance with the statutory limits that shall include Employers' Liability insurance with a limit of not less than one million dollars (\$1,000,000) for each accident, one million

dollars (\$1,000,000) for each disease, and one million dollars (\$1,000,000) for aggregate disease. Policies must be endorsed with waiver of subrogation against Facility and Acadia Parish Police Jury.

- b. Vendor shall carry Comprehensive General Liability insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and an annual aggregate of not less than five million dollars (\$5,000,000) combined single limit for bodily injury and property damage. The insurance policy must include coverage that is not more restrictive than the latest edition of the Comprehensive General Liability Policy, without restrictive endorsements, as filed by the Insurance Services Offices, and the policy must include coverages for medical malpractice, premises and/or operations, independent contractors, products and/or completed operations for contracts, contractual liability, broad form contractual coverage, broad form property damage, products, completed operations, cyber coverage (to cover malicious malware, ransomware, and unauthorized data compromises), and personal injury arising under various causes of action, including, but not limited to, tort, or allegations against Vendor acting as a state or government actor and committing violations of the constitutional rights of incarcerated individuals. Personal injury coverage shall include coverage that has the employee and contractual exclusions removed.
- c. Vendor shall carry Professional Liability coverage for it, each of its employed physicians, and its employees that has a per occurrence limit of not less than one million dollars (\$1,000,000) per claim and an annual aggregate limit of not less than two million dollars (\$2,000,000). Vendor shall require its subcontractors and independent contractors to carry these same levels of professional liability insurance, or the levels required by state statute, whichever is higher. Vendor shall require its insurance carrier to notify Facility's CPA if the reserves against the aggregate reach two million dollars (\$2,000,000). Upon such notification, Facility has the right to require Vendor to obtain additional coverage acceptable to Facility at Vendor's expense.
- d. Vendor shall carry Business Automobile Liability insurance with minimum limits of one million dollars (\$1,000,000) per occurrence, combined single limit bodily injury liability and property damage. The policy must be no more restrictive than the latest edition of the Business Automobile Liability policy without restrictive endorsements, as filed by the Insurance Services Office, and must include owned vehicles and hired and non-owned vehicles.
- e. If Vendor's insurance policy is a claims-made policy, Vendor shall maintain such insurance coverage for a period of five (5) years after the expiration or termination of the Agreement or any extensions or renewals of the Agreement. Applicable coverage(s) may be met by keeping the policies in force, or by obtaining an extension of coverage commonly known as a reporting endorsement or tail coverage.

### 9.1.7

Vendor shall secure a performance and payment bond for the duration of the Agreement and any options to renew. The surety issuing the bond must be registered to do business in the State of Louisiana. The surety must be rated no less than "A" as to management and no less than Class "VI" as to financial strength. Vendor shall provide copies and evidence of said bond and its continued issuance within ten (10) days of contract signing and any other request. Vendor agrees that the performance bond is not intended to, nor shall be deemed to, transfer liability of Vendor to Facility in the event of a material breach of any service agreement between Facility and Vendor.

## Section 10: Post-RFP Issuance Process

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10.2	Question Submission and Response	29
10.3	Scoring Factors/Model	29

### 10.1 How to Respond to the RFP

#### 10.1.1

Bidders' proposals should contain the following sections, labeled as such and arranged in the following order:

##### *Section 1: Cover letter*

The cover letter should include the proposed cost to provide the services described in the RFP.

##### *Section 2: Responses to Questions and Requests for Information*

A number of RFP provisions request specific responses from you. Follow these instructions when responding:

- a. Place all such responses within this section of the proposal.
- b. In this section, label each response (at the top of the response) with the bolded text that appears in the instruction to submit the response.
- c. Place the responses in the same order as the requests for responses appear in the RFP.
- d. Begin each response on a new 8.5-by-11-inch page.
- e. Set page borders no narrower than 0.5 inches.
- f. Set font as Times New Roman, no smaller than 11-point.
- g. Do not exceed the word or page limit for each response, if one is indicated.
- h. All information required for a complete response to the request must be contained within the written response as described above. The response should not reference nor rely upon material/information (a) in another part of your submission, (b) provided orally, (c) provided in another specific response, or (d) conveyed during a presentation to the selection committee.
- i. Any information that appears in other parts of the submission will not be considered in evaluating responses to questions and requests for information.
- j. Vendor understands and agrees to the following:
  - i. For each question or request in the RFP, the information contained in the response is the entire response for that question or request.
  - ii. If Vendor places any full or partial response to the above-described requests in any part of its submission other than the part labeled as the response to the specified question or request, the misplaced content will not be considered in evaluating or scoring the submission.
  - iii. If Vendor exceeds the word or page limits, any part of the response exceeding these limits will not be considered in evaluating or scoring the submission.

##### *Section 3. Agreement Exceptions*

List any RFP provisions that you cannot agree to along with a brief explanation. Be advised that stating any Agreement Exception does not constitute an agreement to accept your exception.

*Section 4. Company and Program Description*

Provide any additional information about your company and your work plan that you believe will be helpful in evaluating your proposal.

## 10.2 Question Submission and Response

### 10.2.1

All questions should be submitted in writing to [mgrantham@appj.org](mailto:mgrantham@appj.org) by May 4, 2026.

## 10.3 Scoring Factors/Model

### 10.3.1

*Fixed-Point Method*

A selection committee, chosen by the Parish CPA, will review all vendor proposals that meet the minimal requirements of the RFP. The committee will consider and rate the following factors when reviewing proposals:

Factor	Maximum Subscore (%)
Vendor qualifications, as described in Section 8	25
Cost of the proposal	35
Quality of the proposal and the degree to which it is likely to produce the results required by Facility	15
Likely qualifications of key vendor personnel directly involved with the contract management	25

The committee will confidentially discuss each vendor proposal and then, for each proposal, each committee member will score the following factors, assigning a subscore between zero and the maximum score indicated. The total score of each member will be averaged with the scores of the other members to arrive at a summary score for the proposal. The committee will compare the proposal scores to determine choice of vendor.

Facility reserves the right to reject all proposals if none meet its needs.

### 10.3.2

The above-described selection process results in a recommendation to Acadia Parish Police Jurors who are vested with the authority to make the final selection of the successful vendor.