

**Request for Proposal (RFP)
For
Inmate Medical Services at the Sauk County Jail**

Posting Date:

January 25th, 2024

Response Deadline:

February 20, 2024

4:30 p.m. Central Standard Time (CST)

To:

**Lewis Lange, Jail Captain
Sauk County Jail
1300 Lange Ct
Baraboo, WI 53913**

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I. PROJECT OVERVIEW

Sauk County is accepting proposals from qualified service providers with specific experience in correctional facilities to provide medical services for the inmates within the Sauk County Jail (SCJ) located at 1300 Lange Ct, Baraboo, WI 53913. The health care services shall include on-site health care personnel, direct medical services for inmates, and coordination of off-site medical care, hospitalization, dental and other services that may be needed. The County Utilizes our own QMHP (Qualified Mental Health Professional) but requires a prescriber to work with that person for inmate mental health medication needs.

II. OBJECTIVE

The objective of this RFP is to identify and select the most competent and qualified firm, individual, partnership, or corporation capable of providing inmate medical services for Sauk County. From this selection process, it is anticipated Sauk County and the selected vendor will enter into a contract for a two (2) year period commencing **May 1, 2024 at 12:01 AM**, and may be renewed or extended with an option of up to two (2) two-year renewal options at the County’s discretion for a potential contract term not to exceed six (6) years. The county requires a minimum of a 60 day out clause for any contract.

III. BACKGROUND

The Sauk County Jail is a 177-bed facility. Populations are as follows:

- 2022 SCJ Average Daily Population (ADP) was 152. Sauk County Closed their Huber center in October of 2022, which will be reflected in a more modest ADP in 2023. There are no current plans to reopen the Huber Center.
- 2023 SCJ Average Daily Population (ADP) was 129. Average Length of stay was 22 days.

This contract will primarily focus on services for the inmates will also include the oversight of all inmate medications within the Jail.

All Providers submitting proposals must have the ability to provide services onsite at the Sauk County Jail. The Provider will be responsible for the medical care and treatment of inmates and detainees housed at the Jail in accordance with state jail (DOC 350) and national standards (NCCHC). Sauk County adheres to PREA standards for all contracted employees, and will screen any provider staff with these requirements.

Sauk County’s utilizes their own onsite QPMH, as well as Sauk County Health & Human Services Department of Clinical Services unit to provide adjunct services as related to mental health crisis intervention and safety planning. The healthcare services under this RFP will work in collaboration with those community interventions. The only mental health services to be provided under this RFP will be coordination with the County QPMH for the prescribing of recommended medications in accordance with state jail (DOC 350) and national standards (NCCHC).

IV. TENTATIVE PROJECT TIMELINE

RFP posted by 4:30 p.m.	Jan 25, 2024
Registration Due by 12:00 p.m.	Feb 5th, 2024
Pre-Proposal Conference and Tour	Feb 8th th , 2024 @ 10:00 a.m. CST
Addendums, if any, posted by 4:30 p.m.	Feb 14, 2024
RFP responses due	Feb 20 4:30 p.m. CST 2024

V. RFP DUE DATE

Responses to this RFP shall be submitted to Lewis Lange at the Sauk County Jail no later than 4:30 p.m. CST on Feb 20, 2024. Submissions shall be clearly labeled RFP– Inmate Medical Services and submitted to the location/address listed below. Faxed and/or email proposals will not be accepted.

Delivery Address for Hand Delivery, USPS, UPS, DHL, Fed X:

Lewis Lange, Jail Captain
1300 Lange Ct.
Baraboo, WI 53913

Each proposal must be received by the due date and time set for this RFP. A submission received after the established deadline will not be considered.

VI. PRE-PROPOSAL CONFERENCE/TOUR

A non-mandatory pre-proposal conference and tour will be held at **10:00 a.m. CST, on Thursday February 8th** in the Community room of the Sauk County Law Enforcement Center located at 1300 Lange Ct. Baraboo, WI. Vendors are to meet in the lobby area.

The conference will be for the purpose of answering questions related to the RFP and the services to be contracted. A tour of the SCJ facility will also be included. Registration is required for the tour. Registration form must be submitted by 12:00 p.m. Monday, February 5th, 2024.

VII. RFP QUESTIONS AND ANSWERS

Any questions in regards to this RFP must be submitted via e-mail to Lewis.Lange@saukcountywi.gov. Clearly mark the e-mail “RFP – Inmate Medical Services”. Phone calls or faxed questions will not be accepted.

Answers to relevant questions will be posted on the Sauk County website <https://www.co.sauk.wi.us/rfps> throughout the RFP timeline. It is the responsibility of all interested vendors to access the website for this information.

VIII. ADDENDUMS

Any significant changes or clarifications to the RFP will be posted as an addendum on the Sauk County website <https://www.co.sauk.wi.us/rfps> no later than 4:30 p.m. on Feb 14th, 2024. If an addendum is posted, an addendum sheet will be attached and will be required to be submitted with the response.

IX. RFP SUBMISSION REQUIREMENTS

The Request for Proposal shall be sealed and labeled with the following information:

- Name of Vendor
- Address
- Contact Person
- Telephone and Facsimile Number
- E-mail Address

One original response and two copies of the RFP are required to be submitted.

The proposal must include:

- Attachment B – Bid Tabulation Sheet
- Attachment C – Vendor References (3)
- Attachment D – Statement of Understanding Proposal

- Addendum, if posted on Sauk County website

Upon award of the contract, the selected vendor will be required to submit a federal W-9 Form and payment address to Sauk County. Vendors previously established with the county may have this requirement waived.

The submission shall be prepared with a straightforward, concise delineation of the vendor's capabilities to satisfy the requirements of this RFP.

A vendor may withdraw or modify its proposal prior to the proposal due date. Any changes or withdrawals must be made in writing prior to the proposal due date.

Notwithstanding any other provisions of the RFP, Sauk County reserves the right to reject any or all proposals, to waive any irregularity or informality in a proposal, and to accept or reject any item or a combination of items when doing so would be to the advantage of Sauk County or its taxpayers.

It is further within the right of Sauk County to reject proposals that do not contain all elements and information requested in this document.

Sauk County will not be liable for any costs incurred by the vendors in the preparation of proposals in response to this RFP, for any oral presentations/interviews or participation in any discussions or negotiations.

X. SCOPE OF SERVICES

Sauk County is requesting formal competitive proposals for the provision of on-site inmate medical services to provide health care services for the Sauk County Sheriff's Office, Jail Division. The health care services shall include health care personnel, direct medical services for inmates, and coordination of off-site medical care, hospitalization, dental, and other services that may be needed. The successful firm shall be able to provide these services for the Sauk County Sheriff's Office Jail Division which has a capacity of 177 Adult inmates; average daily population for 2023 was 129 (Huber closed) and for 2022 was 152 (Huber open). (There are no plans at this time for the reopening of Huber, but a change of scope of that nature would necessitate a renegotiation of contract).

This contract will primarily focus on services for the inmates. The contract will also include the oversight of all inmate medications within the Jail.

XI. VENDOR REQUIREMENTS

As a part of the ensuing contractual agreement, the vendor shall:

- Deliver and maintain high quality, cost effective health care services. Implement policies, procedures, and protocols with clear objectives for the Sauk County Jail that meet the standards and requirements of Wisconsin Department of Corrections Administrative Code (Chapter 350), standards of the National Commission on Correction Health Care (NCCHC) and the American Correctional Association (ACA).
- Comply with all requirements of HIPAA to the extent that HIPAA applies to the Jail.
- It is mutually understood and agreed that an independent contractor relationship is established under the terms and conditions of the agreement; that employees of the selected provider are not nor shall be

deemed employees of the Sauk County Jail and that employees of the Sauk County Jail are not nor shall be deemed to be employees of the selected provider.

- Operate the inmate medical care services program using properly licensed/certified and professionally trained personnel to perform all aspects of conventional health care in a correctional setting. This includes medical providers and nurses. This will also require the collaboration with the County QPMH providers.
- Provide a licensed physician or physician assistant available to provide consultation with Sauk County Jail Staff 24 hours/day, 7 days/week, 365 days/year, when healthcare staff is not present at the facility. A physician or physician assistant shall respond within a reasonable amount of time. Also, provide backup call coverage.
- Maintain a quality assurance program and provide information on the same. At a minimum quarterly meetings shall be scheduled with vendor staff and Jail Administration to review issues, statistical information, suggested changes, and provide feedback about the medical services being provided by the vendor.
- Offer a comprehensive annual training program for medical and mental healthcare education for the Sauk County Sheriff's Jail Staff. Training topics to be reviewed with the Sauk County Jail Administrator and will comply with the Administration Standards of the Wisconsin Department of Corrections, Department of Corrections codes and standards of the National Commission on Correctional Health Care (NCCHC).
- Maintain an open, collaborative relationship with the administration and staff of the Sauk County Jail, Sauk County Health and Human Services staff, and Medication Assisted Treatment staff that provide services to Sauk County inmates.
- Conduct an ongoing health education programs for adult inmates. Topics shall include but not be limited to: personal hygiene, nutrition, alcohol and drug abuse, sexually transmitted diseases, effects of smoking and anger management.
- Operate the health services program in a humane manner with respect to inmate's rights to basic healthcare services.
- Maintain confidential, complete and accurate records of care. Use of Sauk County's Electronic Medical Records system is required (Currently ECS – American Data). Collect and analyze healthcare statistics on a daily basis for generation of monthly and annual reports. Analysis should include information that will assist all parties in justifying current services and identify any need for enhanced services. These and all records of care will be the property of the Sauk County Sheriff's Office and will be maintained in accordance with Wisconsin Department of Corrections standards.
- Allow the Jail Administrator or designee total access to the onsite medical files, reports, schedules, grievances, charts, etc.
- Sauk County will provide or contact and pay for mobile services to come to the jail for inmates that may require those services.
- Medication pass to inmates when staff is on site.

Staff Schedule

Vendor must provide adequate healthcare personnel required for the services listed in this request for proposal. Vendor must provide the following staffing: (If vendor believes below staffing requirements will not provide or over provide the medical needs of the facility they should provide their recommendations and pricing on Attachment B.)

- Physician/Physician Assistant – A prescriber will visit the facility weekly and will stay until all work is completed. Will be available by telephone 24 hours/7 days a week.
- Nurses – on site **RN** coverage to include a minimum of 112 total hours per week, with guaranteed coverage on weekends. Preferred coverage is 0600-2200/7 days per week. Alternative staffing plans may be provided on Attachment B along with justifications/reasoning behind the suggestion (market conditions, etc.) The county reserves the right to select the plan determined to be the best cost/benefit to the county.
- Healthcare staff response to call requests within 15 minutes.
- Medical services contract manager on site supervisory visits at least quarterly.
- **It is expected that the vendor maintain this coverage at all times throughout the year, to include the same coverage during staff PTO and Holidays. Deviations due to emergency sick leave may be allowed by the county, however it is expected that medication pass shall be covered by the vendor as well as urgent medical requests during those times. Approved deviations may allow the use of LPN to provide emergency coverage.**

The proposal must include a specific schedule including the number of positions, position titles, and number of hours (FTEs) worked by each position.

Any deviations from expected staffing levels must be approved by Jail Administration

Personnel

All personnel shall be required to pass a background investigation conducted by the Sauk County Sheriff's Office prior to placement at the job site. The cost of the background investigation will be the responsibility of Sauk County.

The successful provider's staff shall also be subject to all safety and security policies and procedures of the Sauk County Jail.

Continued assignment of staff shall be subject to the approval of the Sauk County Sheriff's Office through Jail Administration.

Only appropriately Wisconsin licensed, certified, and professionally trained medical and mental health personnel shall provide professional coverage.

The successful provider shall provide appropriate in-service training and education programs as required by law and/or license regulations for their staff. Vendor must provide comprehensive training to their staff on how to work effectively, professionally, and safely in a correctional facility.

All personnel shall comply with current and future state, federal and local laws, regulations, court orders, administrative regulations, administrative directive, and policies and procedures of the Sauk County Sheriff's Office.

Required Services and Supplies

- Correctional staff currently completes the medical and mental health screening during the booking process. Those screenings must be reviewed within 72 hours by the vendor's medical staff. A medical plan will be documented by the vendor for each inmate as deemed necessary.
- A health appraisal examination must be completed by the vendor's qualified healthcare professional for each inmate within **Ten (10)** days of an initial confinement. Examinations must be completed within the guidelines of the Wisconsin Department of Corrections Administrative Code standards of the National Commission on Correctional Health Care (NCHC).
- The vendor shall obtain all prescription medications and coordinate supply needs for non-prescription medications, medical supplies, and other supplies with the jail administrative assistant. The jail physician shall order all medications and must maintain all administration records. Prescribing, dispensing, and administering of medications shall comply with all State and Federal laws and regulations. All costs will be the responsibility of Sauk County.
- The vendor's medical staff are responsible for making an initial review and set up a of the inmate's Medication Administrative Record (MAR). When staff is not on duty, jail personnel may set up the MAR for the inmate. Medical review will be completed by the vendor staff as soon practical.
- The vendor's medical staff when on site shall respond to inmate sick calls daily.
- The vendor's medical staff when on site shall make daily segregation and receiving cells visits.
- In addition, the vendor is required to provide the following medical services:
 - Pharmacy services to include all prescription and non-prescription over-the counter medications prescribed by a duly licensed prescriber. Prescribing, dispensing, and administering of medications shall comply will all State and Federal laws and regulations.
 - Pathology/radiology services
 - Medical staff when on site shall be available for crisis intervention services
 - Other general health care services such oral screening, and emergency dental
 - TB assessment and possible testing of all inmates that are still in the jail for 14 days or longer
 - Doctor's orders in writing
 - All medical services to inmates housed from other counties or government agencies
 - On-site emergency medical treatment to inmates
 - Healthcare services to pregnant inmates. Healthcare services for infants following birth and delivery are not the vendor's responsibility
 - Conduct an ongoing health education program for adult inmates and detainees. Health education includes patient education in self-care skill, posters and pamphlets. Topics shall include, but not limited to: personal hygiene, nutrition, AIDS, effects of smoking, anger management and similar education. Topics will be assessed based on the needs of the inmates and approved by Jail Administrator or designee.
 - Provide training for Sauk County Jail employees offering a comprehensive program for continuing healthcare education of Sheriff Department staff. Training to include, but not limited to, First Aid, Blood Borne pathogens, Communicable diseases, Diabetes, Illicit Drugs & Effects, and similar topics.
 - Vendor must coordinate procedures for handling inmate grievances with jail supervision.

- Stock first aid kits/emergency response kits, sharps disposal boxes, spill kits, protective gowns, booties, facemasks, and other similar supplies.

Vendor Responsibilities

Vendor is responsible for all of the following services and shall:

- Submit schedules and staffing patterns for all medical services that reflect coverage as per the agreement.
- Manage and maintain inmate medical records.
- Provide statistical and management reporting systems as required by Sauk County and Department of Corrections.
- Comply with Sauk County’s Medical Grievance Procedure program.
- Submit copies of all employee evaluations annually to the Sauk County Sheriff’s Department.
- Educate/train corrections staff and inmates.
- Adhere to Jail security procedures and codes of conduct.
- Maintain a collaborative working relationship with SCJ staff and with Sauk County’s Health & Human Services staff providing services to SCJ.

Vendor is not responsible to provide the following services:

- Elective medical care to SCJ inmates. For purposes of the Agreement, “elective medical care” means medical care that, if not provided, would not, in the opinion of the vendor’s medical doctor, cause the inmate’s health to deteriorate or cause definite harm to the inmate’s well-being.
- Healthcare services for infants following birth and delivery.

Optional / Alternate Service Plans

Vendor may include the following optional service packages as separate costs to their proposals. They must include a detailed description of the services being provided with each option.

- **Option A – Extended Health Services**

As an option to Staffing – Vendor may propose additional on-site nursing services. Vendor must list this as an additional option in the response. Vendor must also disclose the additional cost for this option. Vendor shall disclose the need for such additional services.

- **Option B – 24 Hours / Day Crisis Intervention**

As an option – Vendor shall provide 24 hours / 7 days/week, 365 days/year crisis intervention, when healthcare staff is not present at the facility. Qualified staff that meet the requirements to work with mentally ill patients per the NCCHC and ACA standards shall respond by phone within 15 minutes of initial contact, and within two hours in person.

- **Option C - Alternate Service Plans**

Vendor may include alternate service plans as separate proposals. Any alternate proposal shall be in reviewed by the evaluation committee using the same award criteria as in this proposal.

XII. MANDATORY PROPOSAL REQUIREMENTS

Proposal Requirements

Minimum submission requirements include:

1. Table of contents.
2. Certification of Vendor - firm name, address, telephone number, facsimile number, and primary contact person (see page 19). Please make this the first page of your proposal package.
3. Copy of current certificate of insurance.
4. Brief history of the firm.
5. Proposal for the cost of base services. Options A – D are not mandatory, but will be reviewed in the same manner.
6. Comprehensive transition implementation plan.
7. Certification that the submitted proposal will remain valid from the proposal submission date for a period of 120 days.
8. Resumes for all key personnel to be assigned and actually provide services under contract with Sauk County.
9. Job descriptions of all staffing positions providing services under contract with Sauk County. All project personnel assigned by the vendor will be required to undergo a criminal history background check to be performed by the Sauk County Sheriff's Department and must be approved by the Sheriff (or designee).
10. A detailed list of all projects and clients for the last five (5) years in Wisconsin. The client list must include both current and former contracts and include appropriate contact person names and title, agency (city, county, state, and federal), location with address and telephone number as well as facsimile number and e-mail address. Each contract must be identified as current or former. Locations must be included where services were provided even if no executed agreement was ever reached.
11. Minimum of three (3) references identified by the company with the information listed immediately above. Forms are included within this RFP for this specific purpose and must be submitted with the proposal. This information must be provided or the submission may be disqualified.
12. Full disclosure of all lawsuits and claims filed against the vendor, or its predecessors, in the past 48 calendar months.
13. A list of the vendor's standard coverage for insurance including liability and malpractice.
14. A list of specific provisions that need to be included in the contract or a copy of vendor's standard contract if available.

Vendors are to list in their proposal any consultants or subcontractors that may be used in the provision of the services of this request. Sauk County's Jail Administrator must approve any subcontracted providers that are hired by the selected provider.

Transition and Implementation Plan

Each vendor must submit a comprehensive Transition Implementation Plan. The quality, breadth and depth of the Plan are critical to the success of the contract start-up and the conversion from current provider.

- Plan Components – The plan must describe activities during the thirty (30) days prior to the initiation of on-site services in preparation for the start-up and for the first sixty (60) days of the contract implementation to ensure uninterrupted service delivery and continuity of care. The Plan must be

approved by Sauk County. The Plan must address key aspects that are critical to the success of the transition.

Inmate Medical Services – Base Service Plan

Vendor is to clearly define the services being provided and describe any minor changes that vendor feels are necessary. Vendor’s responsibility hereunder as to each individual inmate/detainee of SCJ shall commence immediately upon the commitment of such person to the control of the Sheriff at the SCJ.

Implied Requirements

Products and services that are not specifically addressed in this RFP but which are necessary to provide functional capabilities proposed by the respondent must be included in the proposal.

Additional Data with Proposal

Vendors may submit, on the firm’s letterhead only, additional data and information deemed advantageous to Sauk County. Consideration of such data and information is to be held optional to Sauk County.

XIII. TERMS AND CONDITIONS

Responsibility of Sauk County

Sauk County shall provide office space, appropriate furniture, and equipment as exists in the SCJ medical office. A list of such equipment and supplies is attached and marked Exhibit A.

It will be the responsibility of Sauk County to maintain and replace county provided equipment if maintenance or replacement is warranted due to normal usage, wear and tear. In the event of damage or replacement due to neglect or intentional misuse by the vendor, the vendor will be responsible for replacement or repair.

Responsibility of Vendor

It is the responsibility of the vendor to view existing equipment during the site pre-proposal meeting Feb. 8th, 2024.

The successful vendor at their expense shall be responsible for providing any and all additional furniture, fixtures, and equipment deemed necessary by the vendor to fulfill the requirements of service under this RFP.

Insurance Requirements

It is preferred that vendor agrees to maintain the following insurance coverage at all times during the term of this agreement:

<u>Coverage</u>	<u>Limits</u>
Medical Professional Liability	\$1,000,000 per loss \$5,000,000 aggregate
Comprehensive General Liability	\$1,000,000 per occurrence \$5,000,000 aggregate
Business Automobile	\$1,000,000 per occurrence \$5,000,000 aggregate

Worker's Compensation (Employees Only)	Statutory Cov. A. \$500,000, \$500,000 liability
Umbrella General Liability	\$10,000,000 per occurrence \$10,000,000 aggregate

This insurance shall name the vendor, its employees, officers, agents, and independent vendors within the coverage and limits stated above. Said insurance coverage shall provide it will survive the termination of this Agreement and will provide coverage at any date a claim is made against any of the insured whether or not any relationship exists between Sauk County and the vendor. The vendor and its subcontractors shall also maintain, at their expense, Worker's Compensation for all employees in the statutory amounts.

Certificates of Insurance: Within thirty (30) days of award, the vendor shall deliver to Sauk County certificates of insurance naming Sauk County and the Sauk County Sheriff as additional insured parties for each of the above specified types of insurance. Certificate shall be addressed to:

Jail Administrator
 Sauk County Jail
 1300 Lange Ct
 Baraboo, WI 53913

Changes in Insurance Coverage: The vendor shall notify Sauk County of changes in insurance coverage in writing within thirty (30) days, but under no circumstances will the types or amounts of coverage be changed without the prior written consent of Sauk County.

Insurance Rating: All of the above-specified types of insurance shall be obtained from companies that have at least a triple "A" rating in Best's Guide or the equivalent.

XIV. PAYMENT TERMS

Pricing Structure

SCJ proposal pricing shall be an annual lump sum amount using the Jail ADP (see section III. Background for Average Daily Population for Pricing).

1. Monthly invoices shall be submitted by the vendor for one-twelfth of the proposed total lump sum amount during the term of this agreement and any extensions of the agreement.
2. Per Diem credit/cost adjustments for ADP shall not be made.

Billing/Payments

Vendor shall submit monthly invoices to Sauk County Jail for one-twelfth of the total lump sum amount during the term of this agreement and any extensions of the agreement.

Payment will be made to the vendor within thirty (30) days of invoice receipt.

XV. AWARD CRITERION

Award shall be made to the vendor whose proposal is determined to be in the best interest of Sauk County, taking into consideration cost and other evaluation factors listed in the RFP.

Proposals submitted will be evaluated based on criteria including, but not limited to the following:

1. General quality and adequacy of response - 10%

- a. Completeness and thoroughness
 - b. Understanding of the project
 - c. Responsiveness to terms and conditions
 - d. The listing of any exceptions or conditions detailed by the vendor to the specifications as written
2. Experience & qualifications of firm and assigned staff - 25%
 - a. Experience of firm
 - b. Qualifications of personnel
 - c. Experience of personnel
 3. Reasonableness of cost estimates - 45%
 - a. Annual lump sum cost
 - b. Unit cost for any other services as may be proposed by the vendor
 - c. Evidence of efficient use of resources
 - d. Total cost of each service option
 4. Services - 10%
 - a. Ability to commence May 1, 2024
 - b. Plan for transition
 - c. Detail and responsiveness of the Transition Implementation Plan
 5. References / Client Lists - 10%

XVI. OTHER

All work shall conform to all applicable industry standards, federal, state laws, local laws, codes and ordinances.

No vendor will be provided with financial and/or competitive vendor information on this Proposal until after the award of contract has been made. At that time, all Proposals will be available for review in accordance with the Wisconsin Open Records Law. Sauk County shall not be held liable for any claims arising from disclosure required under the Wisconsin Open Records Law.

Sauk County and its departments are exempt from payment of all federal, state and local taxes on its purchases except Wisconsin excise taxes.

Any contract between vendor and Sauk County shall be subject to the laws of the State of Wisconsin. In connection with the performance of work under such contract, the vendor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation, or national origin.

By responding to this Proposal, prospective vendors acknowledge and accept the attachments, including insurance requirements and service template contract sample attached.

Unless otherwise specified, all proposals submitted shall be binding for One hundred twenty (120) calendar days following bid opening.

Sauk County may require oral presentations from selected vendors. If presentations are needed, the vendor will be contacted to arrange a date and time.

XVII. PROJECT CHANGES

Sauk County reserves the right to make changes to the project. Any changes in the scope of services shall be mutually agreed upon in writing by the Vendor and the County.

XVIII. ATTACHMENTS

Exhibit A – Medical Equipment overview at the Jail Facility (Not inclusive – we have multiple medical areas in different areas of the facility)

Attachment A – Vendor Letter of Registration for Pre-proposal Meeting

Attachment B – Bid Tabulation Sheet

Attachment C – Vendor References

Attachment D – Statement of Understanding

Attachment E – Sample Contract

EXHIBIT A

MEDICAL EQUIPMENT OVERVIEW AT THE JAIL FACILITY

- Two (2) exam rooms (stocked)
- Two (2) small refrigerator

- One (1) scale
- Three (3) medical carts
- Three (3) computers
- One (1) Printer/scanner/copier/fax
- Three (3) AED
- Two (2) Pulse Oximeter
- Two (2) Wheel Chairs
- One (1) Shower Chair
- One (1) Centrifuge Machine
- One (1) automatic blood pressure machine
- Two (2) Blood Pressure Cuff
- One (1) Portable Scale

**ATTACHMENT B
RFP#- INMATE MEDICAL SERVICES
BID TABULATION SHEET**

VENDOR _____

(There will be no per diem credit/cost adjustments for ADP)

Base Amount for Health Care Services per the specifications provided in this request for proposal:

2024 _____	Rate for Dr. _____ Nurse _____
2025 _____	Rate for Dr. _____ Nurse _____
2026 _____	Rate for Dr. _____ Nurse _____

All amounts listed for the options below are in addition to the base amounts listed above.

Option A – Extended Health Services (detailed description of services provided must be attached):

2024 _____
2025 _____
2026 _____

Option B – 24 Hours / Day Crisis Intervention (detailed description of services provided must be attached):

2024 _____
2025 _____
2026 _____

Option C – Alternate Service Plans (detailed description of services provided must be attached):

2024 _____
2025 _____
2026 _____

We, the undersigned, propose to provide inmate healthcare services to the inmates of the Sauk County Jail at the pricing listed above:

Provider: _____

Address: _____

Telephone: _____

Signer: _____ **Title:** _____

Printed Name: _____ **Date:** _____

**ATTACHMENT C, PAGE 1
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VENDOR REFERENCES**

1) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Number of WI Sites _____

Facility Type ____ Jail ____ Prison ____ Juvenile ____ Other

Accreditation ____ ACA ____ NCCHC ____ Other

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End Date _____
If terminated, specify by whom ____ agency ____ vendor

Reason _____
____ Lost in Rebid, if so specify award recipient _____

Reason _____
____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

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VENDOR REFERENCES

2) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Number of WI Sites _____

Facility Type _____ Jail _____ Prison _____ Juvenile _____ Other

Accreditation _____ ACA _____ NCCHC _____ Other

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End Date _____
If terminated, specify by whom _____ agency _____ vendor

Reason _____
_____ Lost in Rebid, if so specify award recipient _____

Reason _____
_____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

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VENDOR REFERENCES

3) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Number of WI Sites _____

Facility Type _____ Jail _____ Prison _____ Juvenile _____ Other

Accreditation _____ ACA _____ NCCHC _____ Other

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End Date _____

If terminated, specify by whom _____ agency _____ vendor

Reason _____

_____ Lost in Rebid, if so specify award recipient _____

Reason _____

_____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

**ATTACHMENT D
RFP#- INMATE MEDICAL SERVICES
STATEMENT OF UNDERSTANDING OF PROPOSAL**

Vendor name

Vendor's address

City

State

Zip code

Contact person's name & position

Contact person's e-mail address

Vendor's Phone number

Vendor's Fax Number

We have read the County's Request for Proposals (RFP) for RFP# Inmate Medical Services and fully understand its intent. We certify that we have adequate personnel, equipment, and license to perform said services. We understand our ability and fitness to perform shall be judged solely by Sauk County. In addition, we certify that:

- (a) Our proposal is not made in the interest or on behalf of any person not named therein;
- (b) We have not directly or indirectly induced or solicited any person to submit a false or misleading proposal or to refrain from proposing;
- (c) We have not in any manner sought by collusion to secure an advantage over any other vendor;
- (d) We have thoroughly examined the RFP requirements, and our proposed fees cover all costs for service/equipment we have proposed; and
- (e) We acknowledge and accept all the terms and conditions included in the RFP

Signature of Vendor or Vendor's Representative

Date

ATTACHMENT E
Sauk COUNTY SAMPLE AGREEMENT

THIS AGREEMENT is made by and between Sauk County, a municipality, hereinafter referred to as COUNTY, and _____, hereinafter referred to as CONTRACTOR, for the purpose of _____.

The parties agree as follows:

1. Contact Persons and Contract Administrators:

COUNTY's agent and contact person is:	Name
Whose principal business address is:	Department
	Address

CONTRACTOR agent and contact person is:

Name:
Title:
Company:
Address:
City, State:
Telephone:

2. CONTRACTOR agrees the following services, as set forth in the proposal dated _____, attached and incorporated in **Exhibit B**, shall be provided to Sauk County.
3. CONTRACTOR agrees to provide service to COUNTY at the cost set forth in response to the proposal dated _____, attached and incorporated as **Exhibit B**.
4. Start/Completion dates to be determined.
5. COUNTY agrees to the following:
 - Payment Terms – COUNTY will pay the CONTRACTOR within 30 days of receipt of completed and submitted plan.
6. Both parties agree that the relationship between the parties shall be that of an independent CONTRACTOR and shall not be construed to be an Employer-Employee relationship; specifically the parties agree that:
 - CONTRACTOR will be responsible to pay all Federal, State and social security taxes on any income received under this Agreement.
 - COUNTY will pay no fringe benefits or other compensation to CONTRACTOR.
7. CONTRACTOR will provide and maintain certificates of insurance with minimum limits as follows:

<u>Coverage</u>	<u>Limits</u>
Medical Professional Liability	\$1,000,000 per loss \$5,000,000 aggregate
Comprehensive General Liability	\$1,000,000 per occurrence

	\$5,000,000 aggregate
Business Automobile	\$1,000,000 per occurrence \$5,000,000 aggregate
Worker's Compensation (Employees Only)	Statutory Cov. A. \$500,000, \$500,000 liability
Umbrella General Liability	\$10,000,000 per occurrence \$10,000,000 aggregate

Certificates of insurance indicating COUNTY as additional insured must be presented to COUNTY's agent with a signed copy of this agreement prior to commencing work. Additionally, all policies shall contain endorsements by respective insurance companies waiving all rights of subrogation, if any, against COUNTY and shall further provide that policies are not cancelable except upon thirty days written notice to COUNTY.

8. CONTRACTOR hereby agrees to release, indemnify, defend and hold harmless Sauk County, its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, resulting from or arising out of the performance under this agreement by Contractor, its officers, officials, employees, agent or assigns. Sauk County does not waive, and specifically reserves, its right to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.
9. This contract may be amended in writing by mutual agreement of both parties at any time.
10. This agreement shall be governed by the laws of the State of Wisconsin.
11. COUNTY may terminate this agreement in the event CONTRACTOR breaches any of the terms of the agreement or for unsatisfactory performance by CONTRACTOR. Termination shall be immediate upon written notification by the COUNTY.

CONTRACTOR

Date

, County Clerk

Date