

REQUEST FOR PROPOSALS

to provide

PRIMARY and PREVENTIVE INMATE MEDICAL SERVICES

at the

**Osceola County Sheriff's Office
Corrections Division**

Reed City, Michigan

GENERAL INFORMATION AND REQUIREMENTS

Osceola County is requesting sealed proposals to provide inmate medical services for the inmates housed in the Osceola County Jail, located at 325 W. Upton Ave., Reed City, MI 49677.

Contacts

Questions concerning this RFP must be directed to:

Captain Jeremy Andres, Jail Administrator
Osceola County Jail
325 W. Upton Ave.
Reed City, MI 49677
(231) 832-2288
jail@osceolacountymi.gov

The deadline to submit questions is July 8, 2026.

Submission of Proposals

One original and one copy of the proposal must be in a **sealed envelope** plainly marked in the lower left-hand corner “**RFP Inmate Medical Services.**” Failure to submit a proposal in a properly marked envelope may eliminate the proposal from consideration.

The proposal must be addressed and delivered to:

Osceola County Administration Office
Attn: Tim Ladd, County Administrator/Controller
602 W. Upton Ave.
Reed City, MI 49677
(231) 832-6196

Proposals must be delivered no later than 2:00 p.m., July 22, 2026. Proposals received after the above date and time will be unopened.

All proposals submitted will be binding for sixty (60) calendar days following the due date, unless, upon the county’s request, the vendor(s) agrees to an extension.

Opening of Proposals

Proposals will be opened and read on July 22, 2026 at 2:00 p.m. in the Osceola County Administration Office. Proposals will be evaluated and an award, if any, will be made to the proposer who (1) best meets the requirements of the Request for Proposals (RFP), and (2) is judged best able to provide a healthcare delivery system for the facility. An award decision will be made by the Osceola County Board of Commissioners at a future meeting date.

PROJECT OVERVIEW

The Osceola County Jail is requesting proposals from individuals, firms, partnerships, and corporations having experience in providing inmate medical services, specifically to the county jail inmate population. The facility houses male and female inmates and has an average daily population (ADP) of 58 inmates (as of June 2026). The ADP is made up of County inmates and State inmates. The medical unit is operated 24 hours per day, 7 days a week. The practitioner visits the facility once a week. Registered nursing (RN) services are available 40 hours per week.

OBJECTIVE

The objective of this RFP is to select the most competitive and qualified vendor capable of providing inmate medical services at the facility.

SCOPE OF SERVICES

The winning vendor's responsibility to provide medical services to a particular inmate will commence immediately once the person is booked into the Sheriff's custody.

Biomedical Waste Disposal: The county will be responsible for the provision of and cost of biomedical waste disposal services *for the medical unit* at the facility. Typical biomedical waste expected in the medical unit would be bandages, dressings, gloves, hypodermic needles, laboratory containers, sharps, and syringes.

Co-pay System: As permitted by law, the vendor will develop and implement a co-pay system for inmate medical requests. The vendor's staff will be required to provide documentation of inmate medical services to the facility staff so they may accurately post co-pay charges to an inmate's account.

Dental Care: The vendor will provide dental hygiene instruction to the inmates. The vendor will also provide dental triage screenings in accordance with criteria established by a licensed dentist for the purpose of identifying inmates in need of serious dental services. When appropriate, the vendor will coordinate off-site dental care.

Elective Care: The vendor will not be responsible for providing elective care to inmates. "Elective care" is care which, if not provided, would not, in the opinion of the vendor's practitioner (a licensed practitioner employed by the vendor), cause the inmate's health to deteriorate, or cause harm to the inmate's well-being. Decisions concerning elective care should be consistent with the applicable American Medical Association (AMA) standards.

Emergency Care: When the vendor's medical staff is on-site, in addition to providing emergency medical treatment for inmates, the vendor's medical staff must also provide emergency medical treatment for facility staff, subcontractors, and visitors who become ill or injured while on the premises.

Management Services: The vendor will provide the Sheriff a comprehensive strategic plan, peer review of the medical and mental health staff, a waste reduction program, utilization management, and a risk management program specific to the facility's operations. In addition, the vendor will attend regularly scheduled Continuing Quality Improvement (CQI) meetings with the Sheriff during which all healthcare reports concerning the overall operation of the healthcare services program and the general health of the inmates at the facility will be reviewed and discussed.

Medical Claims Re-pricing: The vendor will be responsible for the re-pricing of medical claims. Once claims are received, the vendor will calculate the applicable discount (if any) and confirm the integrity of the claim prior to payment.

Medical Equipment (durable): The county will remain financially responsible for durable medical equipment, which includes an exam table, exam stool, small refrigerator, and scales.

Medical Records: Inmate medical records will at all times be the property of the Sheriff. The vendor will employ a medical records clerk who will, at a minimum, manage and maintain the medical records for each inmate who has received healthcare services at the facility. The vendor will keep information contained within the medical records confidential, and must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent that HIPAA applies to the facility. Medical records will be kept separate from the inmate's confinement records. A complete copy of the inmate's medical records will be available to accompany each inmate who is transferred from the facility to another location for off-site services, or transferred to another institution.

Medical Supplies (disposable): The vendor will provide for inmates disposable medical supplies intended for one-time use, which does not include durable or reusable medical supplies. Disposable medical supplies expected to be in the facility's medical unit includes, at a minimum, tongue blades, Band-Aids, gauze pads, medical tape, sterile water, saline, pregnancy tests, blood sugar strips, peak flow mouth pieces, O2 tubing, urine test strips, syringes, gloves, med cups, lancets, ammonia ampules, cotton-tip applicators, and alcohol preps.

Mobile and/or Off-Site Services: When mobile and/or off-site services are required for medical reasons, the vendor will arrange for those services for inmates in accordance with the facility's policies and procedures. Mobile services may include laboratory and X-ray services. Off-site services may include consultation services, diagnostic testing, hospital services, ambulance transportation, and/or specialty services (medical services that require a physician to be board-certified in a specialty, such as gynecology). The county will pay for those services.

Non-medical Care of Inmates: The vendor will **NOT** be responsible for providing or paying for any other personal (non-medical) needs of the inmates, including, but not limited to: daily housekeeping services; dietary services, including special supplements, liquid diets, or other dietary needs; building maintenance services; facility cleaning for ectoparasites; personal hygiene supplies and services; clothing; and linen supplies.

Nursing Services: The vendor must provide on-site Registered Nurse (RN) services totaling 40 hours per week, and develop a plan for making up hours worked over or under the contracted amount.

Office Equipment (durable): The county will provide the vendor use of county-owned office equipment and all of the necessary utilities in the facility's medical unit, including a locking file, paper punch, staple remover, stapler, cabinet for storing medical supplies such as Band-Aids, computer, fax machine, copier/printer and toner.

Office Supplies (disposable): The county will provide disposable office supplies, including medical charts, paper, pens, staples, and Post-It notes which are required for the provision of inmate healthcare services.

On-Site Testing: The vendor will provide for inmates on-site laboratory testing to include finger-stick blood sugar checks and urine dipstick checks for pregnancy or infection. As needed, the vendor will also provide basic physical examinations for potential inmate workers to ensure the inmate is physically capable of performing assigned work duties. Additionally, the vendor will also provide tuberculosis (TB) skin tests for inmates. The vendor will be financially responsible for the cost of the inmates' TB serum and related supplies. Separately, the vendor will provide TB skin tests for the facility staff. In this case, the county will be financially responsible for the cost of TB serum and related supplies.

Pharmacy Services: The vendor must provide pharmaceuticals including prescription medications, prescribed over-the-counter medications, and psychotropic medications, which are appropriate and safe for the uniqueness of a correctional environment. While all medically necessary medications must be provided by the vendor, payment for pharmaceuticals will come from an annual pool of money. Additionally, all court-ordered medications and treatment will be paid for by the county. Medications related to these treatments will be defined in accordance with medical literature. The vendor will order medication, manage the pharmaceutical inventory, set-up medication, and distribute medication, all during the medical staff's hours on-site. The vendor will also develop and implement a plan for using an inmate's home medications which are brought into the facility. The vendor's plan must include a medication verification procedure.

Policies and Procedures: The vendor will assist the Sheriff in drafting and implementing facility-specific medical policies, procedures, and protocols on the National Commission on Correctional Health Care (NCCHC) and/or American Correctional Association (ACA) standards and the FACILITY'S capabilities. Policies, procedures, and protocols will at all times be the property of the Sheriff. The vendor will perform all work in a manner consistent with the facility's policies and procedures, including those which are non-medical.

Practitioner Services: The vendor must provide weekly on-site practitioner services in which the practitioner will remain on-site until all necessary treatment and duties are completed. The practitioner will serve as the facility's medical director and as such, will be responsible for all medical decisions regarding inmates at the facility. A practitioner, not nursing personnel, must be available by telephone to the facility's correctional and medical staff 24 hours a day, 7 days a week.

Pool: The vendor shall provide an annual pool of money to be used for pharmaceuticals, in and out patient hospital services, specialty services, radiology, dental services, lab, x-ray and ambulance service.

Pregnant Inmates: The vendor will be expected to provide on-site medical services to pregnant inmates, but will not be responsible for providing medical services to an infant following birth.

Prison Rape Elimination Act of 2003 (PREA): The vendor will comply with PREA, applicable PREA standards, and the facility's policies related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the facility. The vendor will acknowledge that, in addition to self-monitoring, the facility may conduct announced or unannounced monitoring to include on-site monitoring.

Security: The Sheriff will at all times be responsible for the physical security of the facility and the continuing security of the inmates. As such, the vendor acknowledges the Sheriff's right to screen the vendor's proposed staff to ensure they will not constitute a security risk. The Sheriff will have final approval of the vendor's employees in regard to issuing any security or background clearance.

Use by Other Public Agencies (Piggyback): The vendor agrees to allow the county to authorize other public agencies within the county to purchase the proposed items by issuance of a purchase order at the same terms and conditions as this bid, and to make payments directly to the vendor during the period of time that this bid is in effect.

THE VENDOR WILL NOT EMPLOY OR OTHERWISE ENGAGE OR USE INMATES IN THE DIRECT RENDITION OF ANY HEALTHCARE SERVICES.

MANDATORY PROPOSAL REQUIREMENTS

In addition to addressing all items listed in the Scope of Services, the following information must be included in the winning vendor's proposal:

1. Vendor Information and Identification of Key Personnel:
 - Vendor name, primary contact, address, telephone number, facsimile, and email.
 - Brief history of the vendor including the number of clients in Michigan and total number of jails served.
 - Narrative statement explaining why the vendor is especially qualified to undertake this project.

2. Transition Plan: a detailed plan for transitioning the facility from its current medical program to the vendor's medical program.

3. Staff Recruitment: explain the vendor’s method for recruiting and hiring staff for the facility; attach job descriptions as well as a copy of the vendor’s policy covering Equal Employment Opportunity practices.
4. Education and Training: explain how the vendor will provide continuing education and training for its employees, the facility’s inmates, and the facility’s staff.
5. References: provide at least 3 of the vendor’s current Michigan clients with an ADP similar to that of this project, including the facility’s name, ADP, primary contact’s name and title, address, telephone number, and email. Please also state when the vendor began providing service in Michigan.
6. Waste Reduction: explain how the vendor will plan to reduce waste, listing any “value-added” services that may be available to the facility (or county as a whole), including a waste analysis demonstrating estimated savings to the county.

Proposal Format

The vendor’s proposal should be formatted in the same sequence as this RFP. Any supporting documentation should be included after the required documents. All costs incurred in replying to this RFP are the responsibility of the vendor.

Pre-bid Facility Tour

A pre-bid facility tour is available upon request until July 17, 2026. Vendors who plan to schedule a facility tour must notify Capt. Jeremy Andres a week prior to the tour.

Compliance with the RFP

Proposals must be in compliance with the terms of this RFP. Failure to comply with any provision of this RFP may result in the vendor’s disqualification from consideration for this project. The county reserves the right to waive minor defects or irregularities in any proposal. The vendor acknowledges that the county (the county being defined as the Board of Commissioners and the Sheriff’s office), in its sole and unqualified discretion, may waive or deviate from the procedures and/or timetable described in the RFP. The county also reserves the right to supplement, amend, or otherwise modify this RFP, with or without prior notice. The county further reserves the right to request additional information from any or all vendors.

The vendor acknowledges that all proposal materials become the property of the County Board of Commissioners and Osceola County Sheriff’s Office and as such may be available to the public. By submitting a proposal, the vendor acknowledges that the county’s decision is final, binding, and conclusive upon the vendor for all purposes.

THE COUNTY RESERVES THE RIGHT TO NEGOTIATE WITH THE PROVIDER WHO, IN THE COUNTY'S OPINION, OFFERS THE BEST PROGRAM OF SERVICE. The final award will be made to the most qualified, responsive vendor as determined by the county in accordance with the award criteria (below). **THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS AND TO SELECT THE PROPOSAL CONSIDERED MOST ADVANTAGEOUS TO THE COUNTY.**

AWARD CRITERIA

The RFP award will be made to the vendor whose proposal is determined to be in the best interest of the county while taking into consideration the following criteria:

- General quality, organization, clarity, and thoroughness of the proposal.
- Quality and quantity of the inmate medical services to be rendered.
- Qualifications and experience of the vendor and key personnel.
- Demonstration of an understanding of the project and the uniqueness of the facility's needs.
- Overall satisfaction of current and former clients.
- Ability of the vendor to begin services on an agreed upon date.
- Reasonableness of the cost proposal (annual price, per diem rates, value-added services, etc.).
- Any exceptions or conditions the vendor sets in their proposal.

All proposals must include the County's Proposal Submission Form (see next page).

Proposal Submission Form
Osceola County Sheriff's Office – Corrections Division
Primary and Preventative Inmate Medical Services

The following proposal is submitted for the Osceola County Corrections Division Primary and Preventative Inmate Medical Services. The vendor has reviewed the Request for Proposals Specifications and submits the following:

ANNUAL PROPOSAL - TOTAL: \$ _____

Proposal total must be on a County form in a sealed envelope and clearly marked "RFP Inmate Medical Services" and is due by **July 22, 2026, at 2:00 p.m.** No late proposals will be accepted unless waived by the Osceola County Administrator/Controller.

No Vendor may withdraw a Proposal within 90 days of the Proposal Due Date.

Osceola County reserves the right to accept or reject any or all Proposals, in whole or in part, and to waiver irregularities in any proposal in the interest of the County.

General and Professional Liability Insurance Certificates must be provided to the County upon award of a contract.

CONTACT PERSON: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____

SIGNATURE: _____

EMAIL ADDRESS: _____