

# **PERRY COUNTY**

## **INMATE HEALTH CARE SERVICES PERRY COUNTY PRISON REQUEST FOR PROPOSALS 2026**

A complete proposal to this RFP must be received  
no later than 4:00 pm EST on July 10, 2026 by:

Shannon Hines, Chief Clerk  
25 West Main Street  
P.O. Box 37  
New Bloomfield, PA 17068

Phone: (717) 582- 5110  
Email: [shines@perryco.org](mailto:shines@perryco.org)

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### Summary of Important Respondent Dates

|                  |   |
|------------------|---|
| 6/8/26           | Publication of Request for Proposals (RFP)            |
| 6/25/26          | Pre-proposal Meeting at PCP                           |
| 6/26/26          | Submission of Questions Deadline                      |
| 7/2/26           | Anticipated date of responses to questions            |
| 7/10/26          | Submission of Proposals Deadline                      |
| 7/13/26          | Proposals opened at the public Commissioners' Meeting |
| 8/3/26-8/7/26    | Respondent Interviews/Presentations                   |
| 8/10/26          | Anticipated selection of Health Care Provider(s)      |
| 10/5/26          | Anticipated date of agreement execution               |
| 10/6/26-12/31/26 | Transition activities                                 |
| January 1, 2027  | Anticipated contract start date                       |

## **PART 1: GENERAL INFORMATION**

Perry County is interested in receiving competitive proposals from healthcare providers to provide inmate health care services including (1) Medical, (2) Mental Health, and (3) Nursing to inmates of the Perry County Prison. Medical services are needed to meet the medical needs of inmates (initial physical assessments, ongoing evaluation and treatment of medical condition, and medication management) and mental health care delivery to meet the needs of the inmates.

Perry County will consider multiple task-based awards and reserves the right to accept all or any part of a proposal. Respondents may submit proposals for one or all specialties including medical, mental health, and nursing.

All proposals should be labeled "County of Perry - Inmate Health Care Services Proposal 2026" and on second label line add the limited scope submittals for the specialty service(s) that the Respondent is submitting for proposal response.

The Perry County Prison is a secure all-male facility located at 300 South Carlisle Street, New Bloomfield PA 17068. Daily average population is 75. Approximately 475 inmates were booked in 2025. This includes females housed elsewhere.

Currently, Perry County Prison provides physician visits for medical problems one day a week in sick call, and nursing services are available 12 hours a day, seven days a week to cover medication passes. A medical director is on-call 24 hours a day, seven days a week for medical questions and emergency referral. Mental health services are provided by a psychiatric provider via virtual telehealth once a week.

The facility has seven blocks including a work-release block. The medical department includes one (1) room with an examination table and office space, and one (1) bathroom with shower and sink.

Medical department staff generates and maintains medical records for all inmates. Currently there is an electronic medical records system, CorEMR, in place in the medical department. The server is not on-site nor within the Perry County IT infrastructure

The latest dated document always holds precedence in case of conflicting data sets among the solicitation materials.

TOUR/PRE-PROPOSAL MEETING: A pre-proposal meeting is scheduled for June 25, 2026 at 10:00 a.m. at the Perry County Prison located at 300 South Carlisle Street, New Bloomfield PA. Participation in the pre-proposal meeting is mandatory. Each vendor is limited to two (2) representatives participating in the meeting. Contact Warden Jason Harvey at [jharvey@perryco.org](mailto:jharvey@perryco.org) or 717-582-2262 ext. 301 by June 23, 2026 with name and telephone numbers and email addresses of attendees.

PROPOSAL SUBMISSION: One (1) hardcopy original, three (3) copies of complete proposals, and an electronic copy of the RFP response via flash drive will be accepted by Shannon Hines until 4:00 p.m. on July 10, 2026. at 25 West Main Street, P.O. Box 37, New Bloomfield, PA 17068. Proposals shall be sealed and clearly marked: "COUNTY OF PERRY - INMATE HEALTH CARE SERVICES PROPOSAL 2026". In addition to the "County of Perry - Inmate Health Care Services

Proposal 2026” labeling, a second label line should be added for specialty service(s) submittals by the Respondent. Respondent is solely responsible for assuring delivery by the designated time.

CONTROL OF DECISIONS: Perry County reserves the right to accept or reject any or all proposals submitted. Award of proposal and program structure shall be the sole decision of Perry County (County) that is deemed in the best interest of the County, in conjunction with the Perry County Prison Board. The Respondent selected to provide the services described in this RFP will hereinafter be referred to as “Health Care Provider”.

EFFECTIVE DATES: Effective date of service shall be **January 1, 2027 @ 12:01 a.m.**

RESPONDENT QUESTIONS: Any questions concerning the services and specifications included in this RFP must be directed in writing to Warden Jason Harvey at [jharvey@perryco.org](mailto:jharvey@perryco.org) prior to 4:00 p.m. June 26, 2026. Written responses to these questions will be distributed to all responding parties, and posted on the County’s website [www.perryco.org](http://www.perryco.org), in a timely manner as addendums to the RFP. We anticipate responses to be provided by July 2, 2026. Please indicate the firm’s intent to respond prior to July 2, 2026, so that the firm may be included in any additional material related to RFP.

REPRESENTATIONS vs. WARRANTIES: Information contained in the RFP and supporting documents are believed to be accurate, and is offered for proposal purposes only. This data is not to be considered a warranty by Perry County.

NON-COLLUSION AFFIDAVIT: Proposal must include Non-Collusion Statement signed and notarized by the Respondent. (See Exhibit A)

INSURANCE CERTIFICATE: Certificates of Insurance listing County of Perry as certificate holder shall be attached to each proposal. Health Care Provider will be required to indemnify, hold harmless and list the County of Perry as an additional insured on required insurance coverage. (See Exhibit B for minimum insurance requirements)

PROPOSAL CHECKLIST: A checklist is included. (See Exhibit C) Please review carefully and provide all required items in the proposal.

ORGANIZATION OF PROPOSAL: Respondent must organize their proposal into sections that follow the format of this RFP. Proposals must include dividers separating each section.

The following sections are required in the proposal:

1. Cover Letter
2. Scope of Services (Responses to Specifications and Requirements)
3. Cost Proposal
4. Firm Profile and Experience
5. Resumes and References
6. Respondent’s Proposed Contract
7. Exhibits A, B, and C

RESPONDENT ON-SITE PRESENTATION: Respondents who submit proposals may be asked to make an oral presentation of their proposal. A presentation of this type provides an opportunity for the Respondent to clarify the proposal and ensure a mutual understanding.

PREPARATION COSTS: County of Perry is not responsible for preparation costs. Respondent is solely responsible for all costs it incurs prior to contract execution.

We have prepared the enclosed documents in order to facilitate three processes: (1) submission of proposal for health care services, (2) subsequent review and comparison of proposals, and (3) decision making by the County of Perry.

Proposals are due on or before July 10, 2026.

## **PART 2: SCOPE OF SERVICES**

**PROPOSAL RESPONSE FORMAT:** In order to properly compare proposals, Perry County must be provided with complete responses to the Scope of Services Section in the order presented. Proposals will be evaluated and ranked based on details of response, experience, and cost, to determine which proposal reflects the best value for the County.

Perry County will consider multiple task-based awards and reserves the right to accept all or any part of a proposal. Respondents may submit proposals for one or all specialties including medical, mental health, and nursing.

**ADDITIONAL PROPOSED SERVICES:** Proposals shall clearly explain recommended services not delineated in the Scope of Service which are to be included without additional charge; and the cost of any for which a charge will be made. This RFP is designed to facilitate thorough health care services. Please do not view it as a limiting set of rules. Innovative options and suggestions are welcomed.

**EXCEPTIONS TO PROPOSAL:** Identify any exceptions to requested scope of services in Respondent's response.

**REPORTING:** County requires medical statistics reporting on a regular basis as well as quality assurance reporting and meetings. Health Care Provider will be expected to meet with designated county officials at least quarterly to review medical program. Indicate the frequency and the data included in Respondent's proposed reports and meetings. Health Care Provider shall review health care related policies and procedures annually and review any and all changes with designated county officials.

**ACCREDITATION/STANDARDS:** Health Care Provider would be expected to meet community standards of care and to operate in compliance with PA Title 37, PREA and ADA, and to comply with HIPAA and all other applicable local, State and Federal laws and regulations.

Perry County will consider multiple task-based awards and reserves the right to accept all or any part of a proposal. Respondents may submit proposals for one or all specialties including medical, mental health, and nursing.

**PROPOSED STAFFING:** Respondent is asked to provide their proposed staffing schedule to provide appropriate medical services. Health Care Provider shall employ PA licensed and qualified personnel to provide professional coverage.

1. Nursing Staff: The County requires at a minimum, 12-hour nursing coverage. Duties include, but are not limited to, sick call, medication passes (4), coordination of on-site and off-site care, intake screenings, and medication-assisted treatment (MAT) line. Medication cart is taken to housing units for medication distribution four (4) times per day.
  - a. Provide proposed number of nurses and licensure per shift.
  - b. Provide proposed number of hours and days per week.
  - c. Provide what position(s), if any, will be available on call 24/7.
  - d. Describe protocol for staff vacancy coverage.
2. Medical Physician/Director:

- a. Provide proposed number of hours and days per week for physician services.
  - b. Provide if on-site physician services will be performed by MD, DO, PA, CRNP or other.
  - c. Provide what position(s), if any, will be available on call 24/7.
3. Mental Health:
- a. Provide proposed number of hours and days per week for mental health services.
  - b. Provide if mental health services will be performed by psychiatrist, psychologist, psychiatric nurse, social worker or other.
  - c. Provide the average time a mental health provider spends with individual inmate.
  - d. Provide what position(s) handle initial evaluation, follow-up care, chart management, and medication checks.
  - e. Provide if telepsychiatry services would be included and if so, how many hours and by whom.
  - f. Provide what position(s), if any, will be available on call 24/7.

OTHER SERVICES:

1. Provide Respondent's timeline and protocol for performing required intake screening, health appraisal exam, mental health screening, and dental screening. Indicate which medical department positions will perform these services.
2. Describe Respondent's entire procedure for sick call, from inmate request through treatment.
3. Provide Respondent's policy for furnishing correctional staff with health services including but not limited to TB testing and vaccines. Indicate what procedures and testing is provided and included in pricing.
4. Office equipment including computers/laptops, filing cabinets, and office supplies will be the responsibility of Health Care Provider. Respondent shall identify medical equipment proposed for site. County will provide space, desks, chairs, exam table, medical cart, utilities, telephone/internet services, and security. Wifi is available throughout the facility.
5. Upon release from PCP, inmates are provided with a seven (7) day prescription order and a three (3) day supply of the inmate's current medication(s). Provide Respondent's procedure for managing this policy.
6. Provide Respondent's detailed service transition plan.

### **PART 3: COST PROPOSAL**

Perry County will consider multiple task-based awards and reserves the right to accept all or any part of a proposal. Respondents may submit proposals for one or all specialties including medical, mental health, and nursing.

Perry County will evaluate the proposed cost for each Respondent's proposal. Proposals must include sufficient, detailed information to support the offered costs.

For purposes of the proposal, Respondent should anticipate an inmate population of 75. The cost is to include the furnishing of all professional services, labor, materials, equipment, insurance, licenses, and applicable taxes necessary for completion of the work. Respondent shall provide contract pricing which is inclusive of all costs for all required health care services rendered on-site. The methodology used in determining these costs should be included in the proposal.

Respondent shall provide fixed annual costs for term of contract. Any exceptions to the fixed costs shall be stated in proposal. This includes any annual increases and any per diem costs or credits that are anticipated during the term of the contract.

Respondent shall provide a description of what services are included in the proposed costs and list what is excluded. Respondent shall provide details on any capitation limits imposed by Respondent.

The proposal shall describe how billing to the County would be handled and the expected terms of payment by County.

The final terms of any contract will be determined by direct negotiation, and all agreements are subject to the final approval by the Perry County Commissioners. As such, acceptance of any response does not guarantee that the County of Perry will enter into a contract with the firm.

#### **PART 4: FIRM PROFILE AND EXPERIENCE**

- Respondent shall provide a firm profile containing the following information:
  - Name, address, email address, and telephone number of the Respondent's authorized representative.
  - If firm is a corporation, include the date of incorporation.
  - Names and addresses of principal officers, directors, or partners.
  - Firm history, including all current and past ownership, firm name changes, etc.
  - List the total number of employed full-time personnel including physicians, nurses, and mental health providers, etc.
  - The number of years firm has been providing health care services under current firm name and ownership.
- Respondent shall provide documentation establishing that the firm submitting the proposal has the qualifications and experience to provide the services specified in this RFP.
- Respondent shall provide information about any contracts terminated in the last five (5) years and include reason for discontinuation of services.
- Respondent shall provide details on any fines/penalties assessed for non-compliance within the last five (5) years.
- Respondent shall provide name and contact information of all Subcontractors and/or Independent Contractors, if any, that will be providing service under the proposal.

## **PART 5: RESUMES AND REFERENCES**

Respondent shall provide the following:

- Resume of the person(s) who will administer the contract.
- Resume of the person(s) who will be performing contracted services to Perry County.
- A list of at least three references to include contact information

## **PART 6: RESPONDENT'S PROPOSED CONTRACT**

Provide a copy of the Respondent's proposed contract for services described in Respondent's RFP proposal. The contract shall provide wording that the Health Care Provider agrees that upon execution of a contract for the services called for in this RFP, Health Care Provider shall indemnify and hold harmless County of Perry and its agents, officers, employees and consultants from all claims, actions, lawsuits, damages, judgments or liabilities arising out of its service program to County of Perry. Health Care Provider must assign a contact to be responsible for all aspects of contract management for County of Perry.

Perry County will consider multiple task-based awards and reserves the right to accept all or any part of a proposal. Respondents may submit proposals for one or all specialties including medical, mental health, and nursing.

Perry County reserves the right to negotiate terms and conditions of contract with Health Care Provider.

The executed agreement will incorporate the contract, terms and conditions in the RFP document including addendums and the proposal submitted by the Respondent.

The term of the contract between Perry County and Health Care Provider shall be for a three (3) year period with renewal options.

Effective date of contracted services shall be on or about **January 1, 2027 at 12:01 a.m.**

*If the County has additional documents that need to be included as Exhibits, please share copies of these documents or any other contracting requirements specific to Perry County. For example - Business Associate Agreement (BAA)*

EXHIBIT A

**NON-COLLUSION AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says that:

1. Individual is \_\_\_\_\_ (owner, partner, officer, representative or agent) of \_\_\_\_\_, the respondent that has submitted the attached proposal.
2. Individual is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
3. Such proposal is genuine and is not a collusive or sham proposal;
4. Neither the said respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in anyway colluded, conspired, connived or agreed, directly or indirectly with any other respondent, firm or person to submit a collusive or sham proposal in connection with the contract for which the attached proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other respondent, firm or person to fix the price or prices in the attached proposal or of any other respondent, or to fix any overhead, profit or cost element for the proposal prices or the proposal price of any respondent, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the \_\_\_\_\_ or any person interested in the proposed contract and;
5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the respondent or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Sworn to and Subscribed before me

Signature \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 2026

Print Name \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Title \_\_\_\_\_

My Commission Expires

\_\_\_\_\_

## EXHIBIT B

### INSURANCE

Health Care Provider will obtain and maintain policies of insurance issued by companies authorized to do business in the Commonwealth of Pennsylvania. Health Care Provider will provide a Certificate of Insurance to the County of Perry which provides evidence of insurance of the following types and including, as a minimum coverage, limits and other provisions as shown below:

- A. Commercial General Liability Insurance:
  - 1. Premises - Operations.
  - 2. Products and Completed Operations.
  - 3. Contractual Liability.
  - 4. Personal Injury Liability.
  - 5. Waiver of Transfer Rights of Recovery Against Others  
(Insurance Services Office endorsement #CG2404 or equivalent form) naming the County of Perry on its schedule.
  - 6. Additional Insured – Designated Person or Organization  
(Insurance Services Office endorsement #CG2026 or equivalent form) naming the County of Perry and stating that its insurance is primary and non-contributory with respect to other insurance available to any Additional Insured.
  - 7. Combined Single Limit of Liability
    - \$1,000,000 per Occurrence
    - \$2,000,000 General Aggregate
    - \$2,000,000 Products/Completed Operations Aggregate
  
- B. Automobile Liability Insurance:

Health Care Provider shall maintain Commercial Automobile Liability insurance for owned, hired and non-owned vehicles with a limit of liability of at least \$1,000,000 per occurrence.
  
- C. At such time when the Health Care Provider employs any eligible employee(s), Workers Compensation insurance is purchased by the Health Care Provider and includes the following:
  - 1. Part One – Statutory (all PA employers required to have Workers Compensation)
  - 2. Part Two – Employer’s Liability coverage limits for each of the following coverage categories:
    - \$100,000 Bodily Injury by Accident – each accident,
    - \$500,000 Bodily Injury by Disease – policy limit,
    - \$100,000 Bodily Injury by Disease – each employee.
  
- D. Commercial Umbrella Liability Insurance: Coverage over underlying general liability, business automobile liability and employer’s liability. Limit of protection shall be at least \$1,000,000.
  
- E. Professional Liability Insurance: At all times during this Agreement, Health Care Provider shall maintain professional liability insurance covering Health Care Provider

for its work at County, its employees and its officers in the minimum amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate. In the event that the coverage changes, Health Care Provider will notify County in writing. Health Care Provider will also notify County, in writing, of any reduction in policy amounts or cancellation of insurance coverage if the new limits fall below the limits agreed to with the County. Health Care Provider shall provide a Certificate of Insurance evidencing the above policy levels and shall name County as an additional insured.

- F. Cyber Liability Coverage, including as a minimum coverage and limits of third party liability and first party response expenses: Limits of \$1,000,000 per occurrence/\$1,000,000 aggregate
- G. Insurance Certificate:
  - 1. The insurance certificate and any supplemental pages shall clearly affirm the presence of all of the required insurance coverages.
  - 2. The County of Perry shall be assured of at least 30 days 'advance notice of cancellation, non-renewal or material decrease in coverage.

The County of Perry shall not be liable for damage, theft or any loss to property on its premises. The Health Care Provider shall be solely responsible for any damage, theft or loss to any of its property or the property of its employees, volunteers, agents, contractors, or other associates and shall purchase insurance against such losses if it so desires. The Health Care Provider waives any rights of recovery, which it may have against the County of Perry, for damage, theft or any loss to property.

**LIABILITY:**

Health Care Provider shall not do, nor permit to be done, anything in or upon any portion of the County of Perry premises under the Agreement/Contract which in any way increases the risk conditions of any insurance policy, or in any way increases the rate of fire or public liability insurance relating to the Agreement/Contract, or in any way conflicts with the regulations of the fire department or with any of the rules, regulations or ordinances of the municipality, or in any way obstructs or interferes with the rights of other tenants in the facility.

**HOLD HARMLESS:**

Health Care Provider agrees to indemnify and hold harmless the County, its agents, servants and employees from any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever arising out of the operation and maintenance of the aforesaid program of health care services conducted by Health Care Provider, it being the express understanding of the parties hereto that Health Care Provider shall provide the actual health care services, and have complete responsibility for such health care services. The Warden shall promptly notify Health Care Provider of any incident, claim or lawsuit of which the Warden becomes aware and shall fully cooperate in the defense of such claim, but Health Care Provider shall retain sole control of the defense while the action is pending, to the extent allowed by law.

EXHIBIT C

**PROPOSAL CHECKLIST**

SUBMITTED BY (PRINT NAME): \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ITEMS TO BE INCLUDED WITH PROPOSAL:**

- Signed and notarized Non-Collusion Affidavit Exhibit A
- Evidence of Insurance - Certificate of Insurance listing County of Perry as certificate holder showing at least minimum limits required in Exhibit B
- Respondent's proposed contract for Health Care Services. Subject to Final Negotiations with County of Perry
- Narrative Response to PART 2: Scope of Service including Proposed Staffing Plan
- Annual pricing and options for multi-year contract pricing
- Addendums

\_\_\_\_\_  
Signature - Authorized Representative

\_\_\_\_\_  
Signature - Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date