

# **REQUEST FOR PROPOSALS**

## **MEDICAL SERVICES**

### **FOR THE ALAMANCE COUNTY DETENTION CENTER**

**RFP #25-P001**



## SECTION 1. NOTICE

Alamance County is soliciting proposals from qualified vendors for **Medical Services** at the Alamance County Detention Facility. Proposals must be addressed to **Charles Bullard, Purchasing Manager, Alamance County, 124 W. Elm Street, Graham, NC 27253**, and clearly marked:

“Medical Services – RFP #25-P001”

**Proposals are due no later than 2:00 P.M. EST, Friday, November 21, 2025.**

A tour of the facility may be arranged by appointment only. Contact **Major Steve Young** at (336) 570-6272 or by email at [Steve.Young@alamancecountync.gov](mailto:Steve.Young@alamancecountync.gov). The facility is located at 109 South Maple Avenue, Graham, NC 27253.

All questions concerning service requirements must be submitted in writing by 5:00 P.M. EST, Friday, November 7, 2025 to Major Steve Young by email. Responses will be issued no later than Friday, November 14, 2025.

## SECTION 2. INSTRUCTIONS AND GENERAL CONDITIONS

### 2.1 Schedule

- **Notice Issued:** October 17, 2025
- **Deadline for Questions:** November 7, 2025 (5:00 PM EST)
- **Responses to Questions Issued:** November 14, 2025
- **Proposal Deadline:** November 21, 2025 (2:00 PM EST)
- **Proposed Effective Date of Award:** January 1, 2026

### 2.2 Submission Requirements

- Submit **one (1) original and two (2) copies** of the proposal, with completed Attachments A and B, and the Contractor’s Questionnaire.
- Proposals must be sealed and properly marked as indicated above.
- Proposals received after the deadline will not be considered.
- No telephone, facsimile, or electronic submissions will be accepted.
- Proposals must be signed by an authorized representative of the vendor.
- Proposals shall remain valid for **90 days** after submission.

## **2.3 General Conditions**

- All communications must be in writing and directed to Major Steve Young.
- Proposals are not subject to public inspection until award. Once awarded, proposals become public record subject to N.C.G.S. 132-1.2 (trade secrets protections).
- Alamance County reserves the right to reject any or all proposals, waive technicalities, and negotiate revisions.
- Vendors may be required to provide oral presentations or demonstrations.
- Vendor must maintain insurance with minimum coverages as listed in Section 5.
- Vendor must comply with all applicable federal, state, and local laws, including ADA requirements and HIPAA.

## **SECTION 3. SPECIFICATIONS**

### **Overview**

Alamance County Detention Facility seeks experienced vendors to provide comprehensive medical services for the inmate population.

### **Facility Information**

- Average daily population: ~425 inmates
- Annual bookings: ~8,000
- Capacity: ~483 beds

### **Minimum Service Requirements**

- Provide 24/7 medical coverage for main jail and annex
- Work collaboratively with mental health provider (currently Correctional Behavioral Health)
- Maintain electronic medical records
- Continue opioid (MAT) medications, when applicable
- Perform blood draws for DWI arrests
- Conduct medical and mental health screenings at intake
- Clear arrestees prior to custody transfer
- Comply with state and federal detention medical standards

- Comply with ACA (American Correctional Association) and NCCHC (National Commission on Correctional Health Care) standards, as applicable
- Provide reports as requested by administration and mental health staff
- Attend weekly meetings with administration
- Order and monitor special diets as required
- Administer and document medications
- Provide staff training opportunities
- Assist with medical emergencies on Sheriff's Office premises
- Process inmate insurance enrollment forms
- Maintain onsite training files for medical staff
- Medically clear inmates for worker status
- Provide employee wellness checks when requested
- Vendor may provide services through telehealth, consistent with standards of care. Vendor must coordinate with the County's existing telehealth mental health providers.

### **Vendor Qualifications**

Vendors must furnish evidence of:

- Adequate financial resources (with references)
- Experience with correctional healthcare (at least 3 correctional facility references of similar size or larger)
- Current clients in surrounding states (preferred)
- Ability to implement services by **January 1, 2026**
- Verification that all medical staff hold valid, unrestricted North Carolina licenses/certifications
- A background check policy ensuring staff are free from disqualifying criminal convictions and not listed on federal or state exclusion lists
- A contingency staffing plan for coverage during staff illness, vacation, or turnover

### **Transition Plan**

Vendors must provide a detailed transition plan ensuring continuity of care at contract start and termination. This must include transfer of medical records, continuation of medication orders, and coordination with incoming/outgoing providers.

### **Pharmacy & Medication Management**

Vendors must provide a plan for pharmacy services, including:

- Prescription ordering and formulary compliance
- Secure storage and controlled substance tracking consistent with DEA standards
- Policies to ensure medication continuity and prevent lapses in treatment

### **Quality Assurance & Incident Review**

Vendors must maintain a quality assurance program that includes:

- Quarterly meetings with the Sheriff's Office to review performance
- Written quality reports addressing utilization, morbidity/mortality reviews, and compliance
- Root cause analysis for sentinel events or major adverse incidents

### **Inmate Grievance Participation**

Vendor must participate in the inmate grievance process for medical issues, providing timely responses and documentation in coordination with detention staff.

### **Disaster & Pandemic Preparedness**

Vendor must maintain an emergency medical response plan approved by the Sheriff's Office, addressing continuity of services during natural disasters, public health emergencies, or similar disruptions.

## **SECTION 4. EVALUATION AND SELECTION**

Proposals will be evaluated by a committee using the following criteria:

- **Correctional medical experience (30%)**
- **Staffing model and coverage plan (25%)**
- **Cost proposal (25%)**
- **Compliance with standards and reporting requirements (10%)**
- **Completeness and quality of proposal (10%)**

Top vendors may be invited for presentations or site visits.

Final selection will be recommended by the Sheriff. Award is contingent upon Board approval.

## **SECTION 5. TERMS OF AGREEMENT**

- **Initial Term:** January 1, 2026 – June 30, 2028

- **Renewals:** Two (2) optional one-year extensions upon mutual agreement
- Either party may terminate without cause by giving ninety (90) days' written notice
- Contract may be terminated immediately if funds are not appropriated

### **Insurance Requirements**

Vendors must maintain insurance from companies licensed in North Carolina with A.M. Best rating of A or higher:

- Workers Compensation (per statute)
- Employers Liability (\$1,000,000 per occurrence)
- General Liability (\$5,000,000 per occurrence / \$10,000,000 aggregate)
- Professional/Medical Malpractice Liability (\$5,000,000 per occurrence / \$10,000,000 aggregate)
- Auto Liability (\$1,000,000 per occurrence)
- Cyber Liability (\$2,000,000 per occurrence)

Certificates of Insurance must name Alamance County as additional insured and provide 30 days' notice of cancellation.

### **Additional Terms Incorporated (detailed terms supplied upon request)**

- **Confidentiality:** Contractor must protect all proprietary and health-related information, complying with HIPAA and state privacy laws. A Business Associate Agreement (BAA) will be required.
- **Independent Contractor:** Contractor is an independent entity, not an agent of the County.
- **Assignment/Subcontracting:** No assignment or subcontracting without prior County approval.
- **Notices:** Written notices must be delivered personally or by certified mail to the addresses designated in the contract.
- **Force Majeure:** Neither party is liable for delays caused by circumstances beyond their control.
- **Termination for Cause:** County may terminate for non-performance, breach, or unsafe practices.
- **Termination for Convenience:** County may terminate with 30 days' notice, paying only for acceptable services rendered up to termination.
- **Annual Appropriations:** Agreement is subject to funding by the Board of Commissioners.

- **Indemnification:** Contractor must indemnify and hold the County harmless for claims arising from its work, including malpractice claims.
- **Severability:** If any provision is unenforceable, the remainder of the Agreement remains valid.
- **Controlling Document:** County's agreement terms supersede conflicting vendor documents.
- **Time of Performance:** Time is of the essence.
- **Governing Law:** North Carolina law applies, venue in Alamance County.

## **SECTION 6. ATTACHMENTS**

- **Attachment A:** Signature Sheet
- **Attachment B:** Certificate of Non-Collusion
- **Contractor Questionnaire**

This RFP document supersedes prior versions, consolidates requirements, and is tailored specifically for **Medical Services** at the Alamance County Detention Facility.

## ATTACHMENT A

### Signature Sheet

I hereby certify that the information submitted by me/my company in response to this RFP is true and accurate. I understand that Alamance County has the right to reject any or all proposals or to waive minor irregularities when doing so would be in the best interests of Alamance County.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT B**

**CERTIFICATE OF NON-COLLUSION**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

The undersigned of lawful age, being first duly sworn, disposes and says:

That as a condition precedent to the award of the Alamance County Detention Medical Service,

I \_\_\_\_\_ of \_\_\_\_\_  
**(Owner, Partner, Officer or Delegate) (Vendor)**

solemnly swear or affirm that neither I, nor to the best of my knowledge any member or members of my vendor or company have either directly or indirectly restrained free and competitive bidding on this project by entering into any agreement, participating in any collusion, or otherwise taking any action unauthorized by Alamance County, with regard to this Agreement or bidding process.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

By: \_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

(Seal)

**ATTACHMENT C**

**ALAMANCE COUNTY  
CONTRACTOR'S QUESTIONNAIRE  
MEDICAL SERVICES**

Submitted by:

Name: \_\_\_\_\_ Corporation ☐

Vendor: \_\_\_\_\_ Partnership ☐

Address: \_\_\_\_\_ Individual ☐

\_\_\_\_\_ Joint Venture ☐

\_\_\_\_\_ Other ☐

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

A. How many years has your organization, under its present business name, been in business? \_\_\_\_\_

B. Under what other or former names has your company operated during the past ten years?

\_\_\_\_\_

If more than one, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. If a corporation, provide the following information:

Date of incorporation: \_\_\_\_\_

State of incorporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Secretary's name: \_\_\_\_\_

Treasurer's name: \_\_\_\_\_

- D. If an individual, partnership, etc., provide the following information:

Date of organization: \_\_\_\_\_

Names of all partners or principals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- E. Please list three Detention Center locations that your organization presently provides services. Include contact name with telephone number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- F. Have you ever failed to satisfactorily complete any service contracts awarded to you? If so, note when, where and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. Has your company lost a contract in the last five (5) years? \_\_\_\_\_

If so please explain.

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