



Crawford County

Commissioners' Office

**Written Questions and County Responses
to the Request for Proposal (RFP)**

**INCARCERATED INDIVIDUAL HEALTH CARE SERVICES
CRAWFORD COUNTY CORRECTIONAL FACILITY (CCCF)**

SAEGERTOWN, PENNSYLVANIA

SEPTEMBER 10, 2025

Key Events Timeline

All deadlines are at 4:00 PM EST on the date shown unless otherwise specified. The Key Events and dates are tentative and subject to change.

Key Events

Event/Action	Date/Time
Deadline for submitting written questions	August 22, 2025
Anticipated date of responses to questions	September 10, 2025
Deadline for submitting proposals	September 26, 2025 3:00 pm EST
Anticipated date to notify selected bidder(s) for presentations	October 17, 2025
Anticipated date of bidder presentations	October 24, 2025
Anticipated date to notify bidders of selected Vendor	October 31, 2025
Anticipated date of Award Letter; based on contract agreements	November 21, 2025
Anticipated date of finalizing the contract	December 1, 2025
Anticipated contract start date	January 1, 2026
Deadline for submitting proposals	September 26, 2025 3:00 pm EST
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Written Questions & County Responses

**Q1: What is the County's current budget for the required healthcare services?
What is the estimated budget for this RFP?
Please provide the current fiscal year medical budget for CCCF.**

A1: The County's current budget can be found on the County's Finance Department webpage at www.crawfordcountypa.net/finance.

Q2: What is the anticipated number of candidates through this RFP?

A2: The anticipated number of candidates is unknown and is open to all interested bidders.

Q3: Can you please confirm if staffing firms are eligible to respond to this RFP?

A3: No, staffing firms are not eligible to respond to the RFP.

Q4: A non-mandatory Bidders' Conference was conducted on August 15, 2025. Please provide the names of the Companies that participated in the Bidders' Conference / Facility Tour.

A4: The County declines to provide this information.

Q5: Please provide any written responses or additional released documents from the County for technical questions received from any prospective vendor.

A5: All written responses are included in this listing; no additional documents have been released from the County for technical questions received.

Q6: The RFP has complex and detailed requirements that through an administrative error may disqualify a prospective vendor if not followed precisely. To reduce this possibility, please provide a Microsoft Word copy of the RFP.

A6: The County declines to provide the RFP in Microsoft Word format.

Q7: May alternative pricing models be submitted that conform to all aspects of the RFP?

A7: Pricing models submitted in accordance with Provision 12.3.1, Section 4 of the RFP will be scored using the factors outlined in Provision 12.5.1 of the RFP.

Q8: 6.1.1 Cost Modeling: The proposal shall be submitted under a capitated model for all care. With multiple pricing models being available (e.g., individual, aggregate, cost plus) and to ensure an equitable comparison between proposals, please indicate the County's specific requirements.

A8: Vendor may submit their preferred pricing model and details, using the information outlined in Provisions 6.1.1, 6.1.2, 12.3.1 Section 4, and Appendix B of the RFP.

Q9: Given the complexity of correctional health care, prospective bidders have spent years developing comprehensive proposals in response to RFPs. Would the County consider removing all required formatting and word limitations placed on vendors' responses so complete and accurate information can be provided for the County's review?

A9: To ensure an equitable comparison between proposals, please submit proposals using the details outlined in Provisions 12.3. Proposals that are not submitted as described in 12.3 will not be accepted.

Q10: Would the county consider waiving the bonding requirements?

A10: Yes, and County officials will work with the selected Vendor to arrive at an agreement that is fair to both parties.

Q11: Section 5.1.4 - Would the County waive the five working day requirement for any tailored report as some requests for custom reporting could require complex programming to pull data and allow for a County and Vendor to work on the request in good faith?

A11: On a case by case basis, Vendor shall request an extension with County officials prior to the due date.

Q12: Vendor shall be responsible for the cost of fines, penalties, judgments, and settlements against Facility for failure to perform any activity required to be performed or facilitated by Vendor under the contract. However, providing comprehensive services requires both the Vendor and Facility to work together to ensure adequate patient care. Therefore, would the County consider no financial responsibility for the Vendor if the fine, penalties, judgments, or settlements were levied due to actions or inactions of Facility staff?

A12: As stated in Provision 6.2.1 of the RFP, the Vendor shall bear all costs related to the provision of health care, including, but not limited to fines, penalties, judgments, and settlements against Facility for failure to perform any activity required to be performed or facilitated by Vendor under the contract. The County encourages collaboration and coordination to meet the needs of our incarcerated individuals. The Vendor will be held responsible for the above items as they relate to health care services contracted under the planned contract, while the County is responsible for the above items as they relate to any non-health care needs of the incarcerated individuals.

Q13: Please clarify cost and responsibility (who) 6.2.1. e. Rehabilitation center, long-term care facility and hospice care.

A13: In the past, incarcerated individuals have not been held in rehabilitation centers, long-term care facilities or hospice care while incarcerated. If the circumstance should arise, the costs for this care would be the responsibility of the Vendor as stated in Provision 6.2.1 of the RFP.

Q14: Please clarify 6.2.3 Vendor is responsible for all costs, booking by proxy, whether or not they are housed in the facility.

A14: In the context of Provision 6.2.3 of the RFP, the Vendor is responsible for all costs related to the provision of health care for individuals booked into the Facility while remaining in a hospital setting. For health care purposes, these individuals shall be treated as fully processed incarcerated individuals, until they can safely be transported to the jail for formal booking.

Q15: 7.1 Contract Monitoring 7.1.1 Facility will have sole discretion in recruiting and selecting individuals to serve as Facility monitors of Vendor performance under the contract. Selected individuals will report directly to the Warden. Please clarify who is financially responsible for this expense.

A15: County is financially responsible for this expense.

Q16: Is the vendor responsible for providing interpreter services for non-English speaking inmates?

A16: The Facility provides interpretation services, offering interpreter phones, language line, video screens, and portable phones for emergency use outside of the medical clinic area. Vendor shall assess the English fluency of patients, as described in Provision 9.2.3 of the RFP. In addition, if Vendor plans to use Vendor health care staff to interpret, they may provide a description of their procedures in response to Provision 9.2.5 in the RFP.

Q17: Please provide dates and outcomes of any accreditation surveys (ACA, NCCHC, AJA, DOC, etc.) within the last five years.

A17: The Facility has been NCCHC accredited (8/24/2021) and DOC accredited (7/30/2025) in the last five years.

Q18: Does your facility have a DEA License? If so, whose name is under licensure?

A18: No, Facility does not have its own DEA License.

Q19: Does your facility have a current state pharmacy license? If so, whose name is under licensure?

A19: No, Facility does not have a current state pharmacy license.

Q20: Are there any audits due or anticipated in the next 3 to 6 months?

A20: There is an ongoing audit of the commissary fund by the County's Public Accounting Firm, expected to be completed in September 2025.

Q21: How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years?

A21: One lawsuit has been filed against the current healthcare provider related to the services rendered at the Facility in the past 5 years.

Q22: Can the County provide a sample of the monthly Key Performance Indicators (KPI) report format or dashboard they currently use or intend to use?

A22: The KPI report format is in development.

Q23: How will the County validate and audit key performance metrics, and what is the appeals process for disputed KPI penalties?

A23: The County will validate and audit KPIs in accordance with the details outlined in Appendix A of the RFP. The appeals process, as it relates to KPIs, is outlined in Provision 7.2.1 of the RFP.

Q24: Can the County describe the current vendor's performance, including any areas of concern or improvement opportunities for prospective bidders to be aware of?

A24: The County declines to provide this information.

Q25: What is the average time for new employee clearance process to be complete?

A25: Facility anticipates the new employee clearance process will take one week.

Q26: Are there any special requirements for contract medical staff entering the facility such as clear bags, no cell phones, required searches, or any similar security measures?

A26: Yes, Vendor employees will be subject to search and inventory, must clear the metal detector upon entry, and will be expected to carry clear bags only. See Provision 2.2.1 in the RFP.

Q27: Who is currently providing the medical computers, phones and internet connectivity at site? Is there currently Wi-Fi access throughout the building where vendor services will take place to include cell blocks for medication passes. Will the existing facility network be available for [Electronic Medical Record] EMR connectivity?

A27: The Facility provides internet access for vendor use with their EMR, but Vendor will be responsible for providing wi-fi connectivity. The Facility also provides medical phones (2) while the Vendor must provide medical computers for use by their staff. The current vendor has 10 medical computers.

Q28: How many medical computers are there today? Will the computers require 1 or 2 monitors? Can the EMR be installed on existing jail hardware?

A28: The current vendor has 10 medical laptops and no additional monitors. Vendor must provide medical computers / hardware for staff access to the EMR and medical use; the EMR cannot be installed on existing jail hardware.

Q29: Who is providing the network connected copier? What is the model and where is it located in the facility?

A29: The current vendor provides the network connected copier, a Ricoh IM 5000, located in the medical area of the Facility.

Q30: Who is the current [Electronic Health Record] EHR vendor? And what version are they using? Please provide the name of the current EHR system and current version. What [EHR] is currently in use? Is the county open to a new EHR?

A30: The current vendor uses COREMR. The County is open to a new EHR.

Q31: Is there a [Jail Management System] JMS in place today, will that require access from the medical computers, and will it integrate with the EMR [EHR]? What is the current JMS provider?

A31: The Facility's current JMS is WEBJAMIN. It does not integrate with the current EMR but vendor officials will have access to the JMS via facility laptops.

Q32: Should servers be proposed as a stand-alone system? Does the existing jail data center/computer room have space available for any or all of the above?

A32: There is no true data center or computer room in the Facility. Therefore, there are no Racks to install a Server and no availability to plug into an uninterruptible power supply during an outage.

Q33: Will the CCCF allow for secure off-site cloud-based backup?

A33: Yes. County internet is available to the Vendor. Backups can be run anytime, but preferably after County Business Hours of 8 AM to 4:30 PM EST.

Q34: What mobile devices and peripherals are currently in use at the facility?

A34: The County does not use mobile devices in the Facility at this time because there is no County-provided wi-fi available. The current vendor does use mobile laptops that connect using their Vendor-provided wi-fi.

Q35: What is the mobile medcart solution today? How many are there?

A35: The current vendor maintains one mobile med cart and one Medication-Assisted Treatment (MAT) cart. New vendor will be responsible for supplying the quantity and type of carts needed to meet contract requirements.

Q36: Does the County currently provide tablets or kiosks at the facility for inmate use?

A36: The Facility provides tablets for inmate use, allowing them to receive communications regarding their health visits and maintain health records electronically. The Facility also has kiosks available for inmate use, allowing them to submit grievances using these or paper forms. The inmates must currently request health appointments via paper form only.

Q37: Is the current records system a combination of electronic and paper records? If so:

- **What records are electronic?**
- **What records are paper?**

A37: All medical records are currently electronic.

Q38: What interfaces are currently in place, if any: JMS, Lab, Pharmacy, or Other.

A38: The Facility currently has no interface between the JMS, Lab, Pharmacy, EHR or other systems.

Q39: Please provide the number of [Automated External Defibrillators] AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries)?

A39: There are currently 2 AEDs in the Facility. The Vendor will be responsible for checking the equipment, every day, and maintaining adequate supplies to keep them operational.

Q40: Where can [Emergency Medical Services] EMS enter the facility, upon arrival in an emergency situation?

A40: There is a preferred entrance near the booking area. But there are several entrances, around the building, depending on where the incident occurs and what level of emergency it is.

Q41: What local and trauma-level health facilities are nearby, and what is their distance from the [CCCF]?

A41: Meadville Medical Center is the local health facility, located 6 miles from the CCCF. UPMC Hamot, a Level II Trauma unit, is located 37 miles from the Facility in Erie, PA.

Q42: Is there an in-house dentist and dental suite?

A42: There is a dental suite with a patient chair. A local dentist visits the Facility one day every two weeks, and brings all of the necessary tools and supplies. An x-ray machine is delivered through the front door when needed.

Q43: Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment?

A43: If Vendor is contracted to provide dental services, Vendor will be responsible for maintaining, inspecting, and licensing the dental x-ray equipment. If Vendor / County agree to use an outside dental provider for those services, the Provider will be responsible for maintaining, inspecting, and licensing the equipment.

Q44: In the walk thru it was stated that the nursing staffing needed is 2 on 1st shift, 2 on 2nd shift and 1 on 3rd shift. Please clarify total staffing required. Is this in addition to the [Health System Administrator] HSA and [Director of Nursing] DON positions.

Section 3.1.1 provides a minimum staffing level. This is significantly different from what the current vendor is providing. In addition to the minimum staffing plan provided, does the County anticipate needing the additional following positions that are currently being provided? If so, please include shift and minimum expected hours for: [HSA], Psychiatrist/ Psych [Physician's Assistant] PA/ Psych [Correctional Nurse Practitioner] CRNP, Dentist, and Medical Assistant.

A44: County anticipates the successful Vendor employing staff necessary to meet the services described throughout the RFP, including the specific Full-Time Equivalent (FTEs) identified in Provision 3.1.1, Mental Health (MH) services described in Provisions 8.3 and 8.5, Dental Care described in Provision 8.6 and administration described in Provision 8.1.1.

Q45: Please confirm if the Medical Practitioner bullet contained in the minimum staffing plan is expected to be 1.0 FTE (40 hours a week) or 0.20 FTE (8 hours a week)?

A45: The Medical Practitioner employed under Provision 3.1.1 of the RFP shall be present one day (8 hours) per week.

Q46: Please clarify Personnel: 1.5 FTE MH provider available during business hours. What are these times/hours?

A46: General business hours for the Facility are Monday through Friday, 8:00 AM to 4:00 PM. The Facility anticipates 60 hours of mental health support during those core business hours. Vendors are encouraged to propose alternative business hours, as well as their preferred plan to provide 60 hours of care. This plan could include one of many options, including but not limited to one full time (40 hours per week) MH professional and one part time (20 hours per week) MH professional; three MH professionals working 20 hours per week, etc.

Q47: May a Psychiatric PA/CRNP be used to satisfy the Psychiatric hours?

A47: Yes. As stated in Provision 8.1.2 of the RFP, Vendor shall be responsible for providing Mental Health care from a master's-level or higher licensed MH therapist, psychologist, or psychiatric practitioner (psychiatrist, nurse practitioner, physician assistant).

Q48: Please provide a copy of the current staffing matrix. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates.

A48: The current vendor's staffing matrix, hourly rates/salaries, years of service, and hire dates are not made available to the County. The County declines to share this information.

Q49: Section 3.3.3. - Would the County consider not including professional services positions into its calculation for unspent staffing expense, as these types of positions are held by clinical providers whose hours on-site vary by clinic line and case load?

A49: Due to the specific positions, FTEs, and shifts identified in Provision 3.1.1 of the RFP (along with the clarification for Q45 above that the 1.0 FTE for Medical Practitioner translates to one day a week), County will include professional service positions in its calculation for unspent staffing expense as described in Provision 3.3.3 and KPI P-1 in the RFP.

Q50: Understanding that the county is requiring staffing credits for any unmet staffing requirements, should the staffing matrix contained within the RFP not be sufficient to meet the clinical needs of the patient population and the vendor provides additional staffing above the contracted hours, would the County reimburse the vendor for such additional hours provided?

A50: Any increase in staffing (or other changes to the breadth or cost of this contract), must be negotiated with County officials, as described in Provision 6.2.4 of the RFP, prior to implementing, to arrive at an amendment that is fair to both parties.

Q51: Do you use any tools or guides to ensure the staffing is sufficient? If yes, what current tools are in use? Is the CCCF open to vendor-developed tools to help manage staffing levels?

A51: No tools are used on the current contract but the County will use the KPIs identified in the RFP for the upcoming contract, and is open to vendor-developed tools as well.

Q52: Where are inmate's personal medications kept upon booking?

A52: Upon booking, personal medication is logged and stored within the medical area.

Q53: Please clarify how are medications delivered and dispensed: patient-specific or stock/pill line?

A53: Currently, patient-specific and stock medications are delivered via blister packs.

Q54: Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?

A54: The selected Vendor may determine the nature of Hepatitis C treatment within the Facility.

Q55: How are current medication orders being transcribed to pharmacy?

A55: Currently, medication orders are faxed and sent electronically via the EHR, to the pharmacy.

Q56: Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe? Who is the current pharmacy provider?

A56: The current pharmacy, Boswell Pharmacy, is contracted through the current Vendor and inspections are conducted quarterly.

Q57: How are medications currently made available to inmates upon release from the correctional facility?

Does CCCF 's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from the facility? Please describe the process.

A57: Prior to release, incarcerated individuals receive any medication currently stocked for them as well as contact information for external medical and mental health providers, including the current contracted health provider.

Q58: Please clarify whether the following services are available on-site or off-site, the frequency* (hours or visits per week/month), and who provides the services for:

- a. **Laboratory**
- b. **Fluoroscopy**
- c. **Mammography**
- d. **Physical Therapy**
- e. **Chronic Care Clinics (please specify which clinics and frequency)**
- f. **Specialty Clinics (please specify which clinics and frequency)**
- g. **[Obstetrics] OB/Prenatal care**

A58:

Service	On / Off Site	Who Provides
Laboratory	On Site	-
Fluoroscopy	Off Site	Meadville Medical Center
Mammography	Off Site	Meadville Medical Center
Physical Therapy	Off Site	Meadville Medical Center
Chronic Care Clinic	On Site	-
Specialty Clinic	Off Site	Meadville Medical Center
OB/Prenatal Care	Off Site	Meadville Medical Center

*Information regarding the frequency of these services is presently not available.

Q59: Please provide the DOLLARS* spent on offsite services [and the offsite EVENTS] by year for the last three years by the categories below, at your facility:

- **Hospitalization**
- **Emergency room visits**
- **Specialty visits**
- **Outpatient surgeries**
- **Diagnostics**

A59:

Offsite Service	2022	2023	2024
Hospitalization	22	18	14
Emergency Room Visits	51	46	37
Specialty Visits	33	74	62
Outpatient Surgeries	1	1	11
Diagnostics	11	14	14

*Information regarding the cost of these services is presently not available.

- Q60: Please provide the following by year for the last three contract years for your facility:**
- a. Average monthly number of patients on HIV medications**
 - b. Average monthly number of patients on psychotropic medications**
 - c. Average monthly number of patients on hepatitis medications**
 - d. Average monthly number of patients on blood products relating to hemophilia**
 - e. HIV medications dollars**
 - f. Psychotropic medications dollars**
 - g. Hepatitis C medications dollars**
 - h. Blood products relating to hemophilia dollars**

How many persons are currently receiving psychotropic medications per month?

How many persons are currently receiving anti-psychotic medications per month?

How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month?

A60: This information is presently not available.

Q61: Please provide the TOTAL dollars spent on pharmacy at your facility by year for the last three years.

How many prescriptions per month on average are ordered for the inmates at the facility?

What percentage of your medications ordered each month is stock vs. patient specific prescriptions?

Please provide three (3) years of drug utilization at the facility preferably in an electronic format.

Please provide the number of prescriptions per inmate at the facility.

A61: Currently, about 58% of the inmate population is receiving medical medications while about 56% are receiving mental health medications. Additional details are presently not available.

**Q62: How many individuals participate in your MAT program and how long does treatment take?
What MAT drugs are being utilized?**

A62: Average participation in the MAT program can be as high as 14 individuals, requiring up to 2 hours of supervised treatment a day. The Facility's current vendor offers voluntary injections as well as the standard pills / dissolvable films.

Q63: What is the Facility's diversion rate / experience?

A63: In the last year, the Facility has experienced one incident of diversion, involving an injection. The incarcerated individual provided a detailed explanation of her methods, to assist Facility personnel in avoiding future similar situations.

Q64: How many group therapy sessions are provided per week by the current vendor?

A64: There are currently no group therapy sessions provided by the current vendor.

Q65: Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs.

A65: There is currently no inmate substance abuse education, cognitive behavioral classes, or other inmate programs provided for incarcerated individuals at the Facility.

Q66: Are security rounds/counts conducted electronically or via paper logs?

A66: Facility Correctional Staff conduct security rounds and patient checks electronically.

Q67: Are staggered fifteen-minute watches documented electronically or via paper logs?

A67: Yes, these watches are documented both electronically and by paper.

**Q68: 8.5.9 When clinically necessary to conduct continuous suicide watch, Vendor shall be responsible for the watch. Vendor may engage appropriately trained and supervised nonprofessional staff to conduct such watch and provide social engagement with patient. Currently the Correctional officer(s) conducts the constant watch. This is a change in current practice. Does the county appreciate having a health care professional do the watch will increase the cost over the current practice?
Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed in suicide watch?**

A68: Facility Correctional Officers will conduct direct observation and required 15-minute checks, as well as maintain logs of these checks. Vendor is not responsible for managing, performing, or documenting these observations/checks. If health care is required during the observations, or health care questions arise, Vendor shall assist Correctional Officers with the health-specific needs at that time.

Q69: How many persons on average per month have been placed on suicide precaution over the past year?

A69: On average, over the past year, 22 persons have been placed on suicide precaution, per month.

Q70: How many completed suicides took place at your facility in the past 2 years?

A70: Two completed suicides occurred at the Facility in the past 2 years.

Q71: How many patients required placement in some sort of restraint device in the past 6 months?

A71: Ten inmates required placement in some sort of restraint device in the past 6 months.

Q72: How many patients were sent to the state mental hospital from your facility in the past year?

A72: In 2024, six patients were involuntary committed to the state mental hospital from the Facility.

Q73: What is the current population, specifically the male / female ratio and percentage of incarcerated individuals requiring mental health treatment?

Please confirm the Average Daily Population (ADP) for bidding purposes.

Please clarify the ADP that should be used in pricing / staffing.

A73: The population of incarcerated individuals, as of August 15, 2025, was 153, with 75% male and 25% female individuals. At that time, 24% of these individuals required mental health treatment. Details regarding the Facility's 2024 ADP are available in Provision 2.1.1 of the RFP.

Q74: How many planned or predicted releases on average occur each day?

A74: On average, two inmates are released per day.