

PROPOSAL DOCUMENTS FOR THE
JEFFERSON DAVIS PARISH POLICE JURY

**PROJECT NAME: 2026 JEFFERSON DAVIS PARISH
JAIL HEALTHCARE SERVICES**

PROJECT NUMBER: 2026007

October 2026



**OWNER:
JEFFERSON DAVIS PARISH POLICE JURY
304 N. STATE STREET
JENNINGS, LA 70546
337-824-4792**

Proposals Due October 23, 2026 – 12:00 PM CT

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NOTICE OF REQUEST FOR PROPOSALS

Submitters are hereby invited to submit a RFP on the subject project.

FOR: JEFFERSON DAVIS PARISH POLICE JURY (JDPPJ) (OWNER)

**PROJECT NAME: 2026 JEFFERSON DAVIS PARISH JAIL INMATE HEALTHCARE SERVICES
PROJECT # 2026007**

The Jefferson Davis Parish Police Jury ("Parish"), acting in coordination with the Jefferson Davis Parish Sheriff ("Sheriff"), is soliciting sealed proposals from qualified correctional healthcare providers to furnish comprehensive inmate healthcare services at the Jefferson Davis Parish Jail located in Jennings, Louisiana. The selected Proposer shall provide professional medical, mental health, pharmaceutical, telemedicine, administrative, and related healthcare services necessary to ensure constitutionally adequate healthcare for inmates housed within the facility.

The Parish intends to award a contract to the responsible proposer whose proposal is determined to provide the best overall value based upon qualifications, correctional healthcare experience, staffing plan, operational approach, quality assurance program, implementation strategy, and price.

PROCUREMENT SCHEDULE

Activity	Date
RFP Advertisement	October 2 nd , 2026
RFP Publications	October 2 nd , 4 th , 9 th , 2026
Questions Due for RFP	October 13 th , 2026
Publication of Addenda/Responses	October 16 th , 2026
Submission Deadline	October 23 rd , 2026
Notice of Award (tentative) Contract Begins	November 11, 2026

The Parish reserves the right to modify the procurement schedule through written addenda.

RFP DOCUMENTS:

Official RFP documents can be obtained from the Police Jury's website: www.jdppj.net or at www.centralbidding.com.

RFP SUBMITALLS:

RFP can be mailed or hand delivered to the Jefferson Davis Parish Police Jury in a sealed envelope, located at 304 N. State Street, Jennings LA 70546. RFP can also be electronically submitted through at Central Bidding (www.centralbidding.com). For questions related to the electronic RFP process, please call Central Bidding at 225-810-4814. RFP will be listed by Owner and will include Project Number. Submittals must be submitted by the date and time listed on the RFP Schedule. Digital submittals shall be in PDF format. JDPPJ is not responsible for issues with delivery service. All cover letters and subject of all emails shall include project number. Submittals must include all required documents contained in this package, completed in full, particularly those listed under "Documents Required with Submittal" in the Table of Contents.

OBJECTIVE

The objective of this procurement is to obtain a healthcare partner capable of:

- Delivering high-quality inmate healthcare.
- Maintaining compliance with NCCHC standards.
- Reducing unnecessary off-site utilization.
- Ensuring continuity of care.
- Maintaining comprehensive medical records.
- Supporting risk reduction and liability management.
- Providing cost-effective healthcare services.

FACILITY INFORMATION

The facility information package available to proposers may include:

- Average Daily Population (ADP) – 160 Inmates
- Historical inmate population trends – 178 Inmates
- Existing medical staffing – 2 LPN’s (7 days a week, 12-hour shift approximately 5:30AM – 6:00PM)
Provider – on call 24 hours
Chronic Care Clinic – 2 hours per week
Mental Health – LCSW – 2 hours per week; Mental Health MD – 4 hours per month
- Pharmaceutical utilization history – Diamond Pharmacy for all medications
Emergency Pharmacy – Family Drug Store, Jennings, LA
- Off-site medical utilization history – Dentist Visits – 6 per month
ER Visits – 4-6 per month
Chronic Care Visits – 2-4 per month
- Existing medical space – Medical Office, Clinic Office, Bathroom, Shower, Medication Supply Room
- Equipment inventory – EKG Machine, Defibrillator, Eyewash Station, 2-Wheelchairs, Welch-Allyn Otoscope Set, Welsch-Allyn Blood Pressure/Pulse Machine, Exam Table.
- Healthcare expenditure history

Proposers are responsible for independently determining staffing and resource requirements.

SCOPE OF SERVICES

Medical Services

- Intake screening
- Health assessments
- Sick call
- Provider clinics
- Chronic care management
- Emergency treatment
- Medication administration
- Medical discharge planning

Mental Health Services

- Mental health assessments
- Crisis intervention
- Suicide prevention
- Observation management
- Psychiatric consultation
- Individual counseling

Pharmacy Services

- Formulary management
- Medication procurement
- Medication administration
- Medication storage and security
- Cost containment programs

Diagnostic Services

- Laboratory services
- Radiology services
- EKG services
- Telemedicine services

Medical Administration

- Medical scheduling
- Utilization review
- Quality assurance
- Credentialing
- Reporting and analytics

The Proposer shall provide all personnel, management, supplies, pharmaceuticals, and technology necessary to administer these services.

STAFFING REQUIREMENTS

Each proposal shall include a detailed staffing matrix identifying:

- Medical Director
- Physicians
- Nurse Practitioners
- Physician Assistants
- Registered Nurses
- Licensed Practical Nurses
- Qualified Mental Health Professionals
- Psychiatrists
- Medical Records Personnel
- Administrative Staff

The staffing schedule must identify:

- FTE levels
- Hours of coverage
- On-call coverage
- Telemedicine coverage
- Relief staffing
- Recruitment strategy
- Vacancy contingency plan

The approved staffing plan shall become a contractual performance requirement.

OFF SITE CARE

The Proposer shall:

- Coordinate specialty care referrals.
- Schedule appointments.
- Obtain records.
- Perform a utilization review.
- Arrange follow-up care.

Unless otherwise proposed and negotiated, the Parish shall remain financially responsible for off-site treatment costs.

ELECTRONIC HEALTH RECORD REQUIREMENTS

The Proposer shall provide an EHR capable of:

- Clinical documentation
- MAR records
- Mental health records
- Laboratory integration
- Reporting capabilities
- Audit trails
- Access controls
- Data export functionality

Upon contract expiration, all inmate medical records shall be transferred in a usable format to the Parish or successor provider.

QUALITY ASSURANCE

The Proposer shall maintain a formal performance improvement program addressing:

- Mortality review
- Hospital review
- Emergency room review
- Infection control
- Suicide prevention
- Chronic disease management
- Medication management
- Medical grievances
- Staff competency
- Corrective action plans

Quarterly quality assurance reports shall be submitted to the Parish.

PERFORMANCE STANDARDS

Minimum expectations include:

- Timely intake screening
- Regular sick-call response
- Continuity of medication therapy
- Timely provider appointments
- Complete documentation
- Compliance with professional standards
- Maintenance of required staffing

The Parish may establish performance benchmarks and service level expectations in the final contract.

COMPLIANCE REQUIREMENTS

The Proposer shall comply with:

- HIPAA
- OSHA
- Louisiana licensing requirements
- Federal constitutional standards
- NCCHC standards
- Parish policies
- Facility security procedures

The proposal shall identify all correctional healthcare certifications and accreditations.

INSURANCE REQUIREMENTS

Minimum insurance shall include:

Professional Liability

Not less than:

- \$1,000,000 Each Claim
- \$3,000,000 Aggregate

Commercial General Liability

Not less than:

- \$1,000,000 Occurrence
- \$2,000,000 Aggregate

Workers Compensation

As required by Louisiana law.

Cyber Liability

Minimum:

- \$1,000,000 Per Claim

Additional limits may be negotiated during contract finalization.

PROPOSAL FORMAT

Proposals shall contain:

1. Cover Letter
2. Executive Summary
3. Company Qualifications
4. Organizational Structure
5. Louisiana Experience
6. Correction Facility Experience
7. References
8. Staffing Plan
9. Medical Services Plan
10. Mental Health Plan
11. Pharmacy Plan
12. EHR Plan
13. Quality Assurance Plan
14. Transition Plan
15. Exceptions
16. Cost Proposal

COST PROPOSAL FORM

Fixed Annual Pricing

Contract Year	Proposed Price
Year 1	\$_____
Year 2	\$_____
Year 3	\$_____
Renewal Year 4	\$_____
Renewal Year 5	\$_____

Population Adjustments

Current pricing shall be based upon an ADP of 100-150 inmates.

Per Diem Above 150 Inmates: \$_____

Per Diem Credit Below 100 Inmates: \$_____

COST RESPONSIBILITY MATRIX

The proposer shall indicate responsibility for each item:

Service	Included	Parish	Separate Cap
Physician Services	☐	☐	☐
Nursing Services	☐	☐	☐
Mental Health	☐	☐	☐
Psychiatry	☐	☐	☐
Pharmacy	☐	☐	☐
HIV Medications	☐	☐	☐
Hepatitis Medications	☐	☐	☐
Laboratory	☐	☐	☐
Radiology	☐	☐	☐
Hospitalization	☐	☐	☐
Ambulance	☐	☐	☐
Dialysis	☐	☐	☐
Chemotherapy	☐	☐	☐

EVALUATION CRITERIA

Evaluation Factor	Points
Qualifications & Experience	20
Medical & Mental Health Program	20
Staffing Plan	20
Cost	25
Quality Assurance & Technology	5
Transition Plan	5
References	5

Total 100

CONTRACT TERMS

The final contract shall include provisions addressing:

- Scope of services
- Staffing obligations
- Performance standards
- Reporting requirements
- Insurance
- Indemnification
- Records ownership
- HIPAA compliance
- Termination
- Transition assistance
- Annual appropriation contingencies

TERMINATION

The Parish may terminate for:

- Failure to maintain staffing.
- Failure to provide required care.
- Licensing deficiencies.
- Insurance deficiencies.
- Security violations.
- Material performance failures.

The Parish may terminate without cause upon sixty (60) days written notice.

RESERVATION OF RIGHTS

The Parish reserves the right to:

- Reject any proposal.
- Waive minor irregularities.
- Request clarifications.
- Negotiate with proposers.
- Conduct interviews.
- Verify references.
- Cancel the solicitation.
- Award in the Parish's best interest.

PROPOSAL CERTIFICATION

I certify that the proposal submitted is valid for 180 calendar days.

Vendor:

Authorized Representative Name:

Authorized Representative Signature:

Date:
