

# Medical Request for Proposal (RFP) 2026

## Questions and Answers (Q&A)

### Story County Jail

| # | Question  | <b>Answer</b>  |
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| 1 | Do you wish to retain any of the current medical staff?   | <b>The successful vendor will be responsible for making all staffing decisions, although retaining the current personnel remains an acceptable option.</b> |
| 2 | Can you provide current staff's salary range and seniority with the current vendor?   | <b>That information is retained by the current vendor.</b>   |
| 3 | How many officers currently work at the facility?   | <b>Thirty-nine</b>   |
| 4 | Does the County mandate that the provider maintain a Civil Rights Endorsement as part of their insurance coverage? This specific coverage is necessary to protect the County from 42 U.S.C. § 1983 medical claims. Such claims represent the most common lawsuit filed against counties by inmates in relation to medical issues, rather than medical malpractice. This statute is the primary legal avenue for prisoners to enforce their constitutional rights, including the Eighth Amendment right to adequate medical care. If the vendor does not provide this coverage, the County will be liable for any judgments issued under 42 U.S.C. § 1983. | <b>The existing insurance coverage requirements remain unchanged.</b>  |

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|    | a | If the Civil Rights Endorsement is indeed required, will the County seek verification of this endorsement from the insurance provider?   | <b>N/A</b>   |
| 5  |   | Is the health services provider responsible for the cost of all drug screenings for County employees at the facility?  | <b>No</b>  |
| 6  |   | Please provide detailed data on the number of inmate deaths that have occurred both in custody and within 30 days of release over the past five years, including causes of death if available. | <b>In the past five years, our facility has experienced one inmate fatality. We do not retain inmate records beyond their release.</b> |
| 7  |   | Who is/are your current physician(s)?  | <b>Dr. Steven Scurr</b>  |
| 8  |   | Would you like the vendor to work with this physician if possible?   | <b>See question one.</b>   |
| 9  |   | How many days is the current physician in the facility?  | <b>Once a week.</b>  |
| 10 |   | How long does the physician stay   | <b>Two to three hours.</b>   |

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| 11 | Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?  | <b>Yes a PA is acceptable, a NP is not acceptable.</b> |
| 12 | What are the current salaries for the nurses?  | <b>See question two.</b>                               |
|    | a Is there a shift differential?   | <b>N/A</b>   |
| 13 | Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? | <b>County</b>  |
| 14 | Please provide the following information about medication administration.  |  |
|    | a Who administers medications, e.g., RNs, LPNs, medical assistants?  | <b>RN</b>  |
|    | b How many medication passes per day do you currently have and at what times?  | <b>08:00, 16:00, 21:00</b>                             |
|    | c Are medications passed out in the housing unit and by whom?  | <b>RN, Jail Staff</b>                                  |

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|    | d | Are any medications sent with inmates/detainees upon discharge?  | <b>Yes</b>                 |
|    | e | Are the medication carts owned by the county?  | <b>No</b>                  |
| 15 |   | Are any medications allowed to be brought in from home?  | <b>Yes</b>                 |
|    | a | Are any medications allowed to be “kept on person” within the jail? If so, which are allowed?  | <b>No</b>                  |
| 16 |   | Are there over-the-counter medications on commissary?  | <b>No</b>                  |
|    | a | If so, are the inmates/detainees allowed to keep commissary medications on person?   | <b>N/A</b>                 |
| 17 |   | Please provide a listing of current medical commissary items.  | <b>N/A</b>                 |
| 18 |   | Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract? | <b>County, Yes</b>         |
| 19 |   | What is the current prevalence of chronic illnesses (e.g., diabetes, hypertension,   | <b>Data not available.</b> |

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|    | HIV/AIDS, hepatitis C) and infectious diseases (e.g., tuberculosis, COVID-19) among the inmate population? Please provide historical data trends for the past five years. |  |
| 20 | What time(s) and location(s) are sick call currently conducted?   | <b>08:00-16:00 - Jail Medical Room</b> |
| 21 | Is a correctional officer currently present for every sick call?  | <b>No, available upon request.</b>     |
| 22 | What on-site specialty clinics are conducted?   | <b>None</b>                            |
| 23 | Do you currently have a dentist who comes on-site?  | <b>No</b>                              |
| a  | If so, how long is the dentist onsite?  | <b>N/A</b>                             |
| b  | How many days per week is the dentist on-site?  | <b>N/A</b>                             |
| c  | Does the dentist have an assistant?   | <b>N/A</b>                             |
| 24 | If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month?  | <b>1-5</b>                             |

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| 25 | Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform last year? | <b>Skin Test, 14 Days, Data Not Available</b> |
| 26 | Are there any special business license fees or taxes that are to be paid to the city or county?  | <b>No</b>                                     |
| 27 | Do you currently have a financial limit (POOL) with the current contract?  | <b>No</b>                                     |
| a  | If so, what does it cover and how much is it?  | <b>N/A</b>                                    |
| 28 | Have you gone over the financial limit (POOL)?   | <b>No</b>                                     |
| a  | If so, how many months into the contract was it before you went over the limit?  | <b>N/A</b>                                    |
| b  | If so, how much over the financial limit (POOL) did you go over every year?  | <b>N/A</b>                                    |
| 29 | How much is the current co-pay?  | <b>\$0</b>                                    |

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| 30 | Who is your current medical services contractor?   | <b>INS (Integrated Nursing Solutions)</b>           |
| 31 | Can you please provide a copy of the current medical services contract?  | <b>Yes</b>  |
| 32 | Would you like the new contractor to re-price all medical claims?  | <b>No</b>   |
| 33 | What is your current process for re-pricing medical claims?  | <b>N/A</b>  |
| 34 | Do you have a state statute that you reprice to?   | <b>Iowa Code 356.15A</b>                            |
| 35 | What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?                 | <b>Data Not Available, Provider Not Responsible</b> |
| 36 | Please provide statistics on the frequency of emergency medical interventions, hospital transfers, and use of specialized medical services among inmates over the last five years. | <b>N/A</b>  |
| 37 | Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the   | <b>No</b>   |

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|    | invoice for the county (act as a third-party administrator)?   |                       |
| 38 | Is there a fax line dedicated to medical?  | <b>Yes</b>            |
|    | a If not, is a fax line available?   | <b>Yes</b>            |
| 39 | Do you have an existing EMR system? If yes, who is the current provider?   | <b>No</b>             |
| 40 | Is there internet connection already in the medical unit?  | <b>Yes</b>            |
|    | a Is this provided by the county or the current contractor?  | <b>County</b>         |
|    | b If the current contractor is providing, do you know the cost?  | <b>N/A</b>            |
|    | c What kind of network gear is needed or currently in place for internet at your facility if contractor must supply? | <b>Ethernet Cord</b>  |
| 41 | How many simultaneous med passes occur?  | <b>1</b>              |
| 42 | Who is your JMS provider?  | <b>Central Square</b> |

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| 43 |   | How many desktop computers do the medical staff currently use?  | <b>1</b>                            |
|    | a | How many are county owned vs. contractor owned?   | <b>County 1, Contractor 0</b>       |
| 44 |   | How many laptops do the medical staff currently use?  | <b>2</b>                            |
|    | a | How many are county owned vs. contractor owned?   | <b>County 0 , Contractor 2</b>      |
| 45 |   | Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? Hardwire? Wireless? | <b>Yes, Hard wired</b>              |
| 46 |   | How many scanners do the medical staff currently use?   | <b>1</b>                            |
|    | a | How many are county owned vs. contractor owned?   | <b>County 1, Contractor 0</b>       |
| 47 |   | How many printers do the medical staff currently use?   | <b>2</b>                            |
|    | a | Are they county owned, or contractor owned?   | <b>County Owned 2, Contractor 0</b> |

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| 48 | Is the new vendor required to have the medical staff on a separate email address from the jail staff?                        | <b>Yes</b> |
| 49 | Are any members of the jail's current health service workforce unionized? If yes, please provide the following:              | <b>No</b>  |
| a  | A copy of each union contract  | <b>N/A</b> |
| b  | Complete contact information for a designated contact person at each union   | <b>N/A</b> |
| c  | The number of union grievances that resulted in arbitration cases over the last 12 months.                                   | <b>N/A</b> |
| 50 | Is the site accredited? If so, by who and when is the next accreditation date? Can we get a copy of the last audit?          | <b>No</b>  |
| 51 | Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. | <b>No</b>  |
| 52 | Of the total population, how many are:   |            |
| a  | County   | <b>49</b>  |

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|    | b  | ICE             | <b>0</b>              |
|    | c  | US Marshal      | <b>3</b>              |
|    | d  | Juveniles       | <b>0</b>              |
|    | e  | Native American | <b>0</b>              |
|    | f  | Federal         | <b>See US Marshal</b> |
|    | g  | DOC             | <b>0</b>              |
|    | h  | Work Release    | <b>0</b>              |
|    | i  | Indigent        | <b>N/A</b>            |
|    | j  | Other           | <b>N/A</b>            |
| 53 | Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 60. If yes, please answer questions 54-59. |                 | <b>Yes</b>            |
| 54 | Can inmates/detainees request mental health services?  |                 | <b>Yes</b>            |

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|    | a   | If yes, are inmates/detainees charged a fee for mental health services? | <b>No</b> |
| 55 | Indicate who provides mental health services. (Check all that apply)                                |   |           |
|    | a   | County agency (Human or Social Services, etc.)                          |           |
|    | b   | Contracted provider   | <b>X</b>  |
|    | c   | Jail/sheriff's department hired staff.                                  |           |
|    | d   | Other (please explain)  |           |
| 56 | Is your mental health program accredited by any professional organization? (NCCHC, ACA)             |   | <b>No</b> |
| 57 | What mental health services are available to inmates/detainees in your jail? (Check all that apply) |   |           |
|    | a   | Crisis Intervention   | <b>X</b>  |

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|    | b | Medication and their management.  | <b>X</b>   |
|    | c | Psychiatric medications and their management  | <b>X</b>   |
|    | d | Referral of inmates/detainees to mental health provider.  | <b>X</b>   |
|    | e | Individual counseling/therapy.  | <b>X</b>   |
|    | f | Group counseling/therapy  | <b>X</b>   |
|    | g | Substance abuse treatment/services  | <b>X</b>   |
|    | h | In-depth physical evaluation assessments (typically occur after 14 days in custody and include mental health issues.) | <b>X</b>   |
|    | i | Case management.  | <b>X</b>   |
|    | j | Release planning.   | <b>X</b>   |
|    | k | Other (please explain).   | <b>N/A</b> |
| 58 |   | Is crisis intervention available 24 hours per day/seven days per week?  | <b>Yes</b> |

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| 59 | Indicate the titles of the providers of mental health services in your jail. Please check all that apply and indicate the average number of hours per week for each. |  |                    |
|    | a  | Psychiatrist.  | 0                  |
|    | b  | Psychologist.  | 0                  |
|    | c  | Master's-level social worker.  | 0                  |
|    | d  | Registered nurse (RN)  | 0                  |
|    | e  | Licensed practical nurse (LPN)   | 2                  |
|    | f  | Jail Chaplin.  | 0                  |
|    | g  | Other (please explain).  | LMHC - 4, ARNP - 1 |
| 60 | Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)   |  |                    |
|    | a  | Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer. | X                  |

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|    | b | Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.  | <b>X</b>                     |
|    | c | Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.  | <b>X</b>                     |
|    | d | Other (please explain)  | <b>N/A</b>                   |
| 61 |   | Are there secondary reviews of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.) | <b>Yes, Medical</b>          |
| 62 |   | Are staff required to use a <u>prescribed form</u> when making mental health referrals?   | <b>Yes</b>                   |
| 63 |   | Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues?                   | <b>No</b>                    |
| 64 |   | Does your jail staff receive ongoing training on <u>mental health issues</u> ?  | <b>Yes, annually, online</b> |

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| 65 | Does your jail staff receive ongoing training on <b>suicide prevention issues</b> ?  | <b>Yes, annually, online/in-person</b>  |
| 66 | Why is the County going out to RFP/RFQ/ITB at the current time?  | <b>Contract with Provider is Ending</b>   |
| 67 | What are some of the current pain points with your current provider? What needs to be improved from the current provider?                        | <b>N/A</b>  |
| 67 | Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses?                                | <b>No</b>   |
| 68 | Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc. | <ul style="list-style-type: none"> <li>● <b>Religious Services</b></li> <li>● <b>Self-Paced Education via Tablet</b></li> <li>● <b>AA</b></li> <li>● <b>NA</b></li> <li>● <b>Scheduled Recreation Time</b></li> </ul> |

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| 69 | <p>Would the County consider waiving or modifying the requirement for Comprehensive General Liability Insurance with policy limits of \$3,000,000 per occurrence and \$6,000,000 in the aggregate, as outlined in the RFP for something more in line with the industry standard of \$1,000,000 and \$3,000,000?</p> | <p><b>The county confirms that no changes will be made to the insurance requirements as originally specified in the Request for Proposals (RFP).</b></p>                      |
| 70 | <p>The RFP lists the current ADP at 122; however, previous operational notes indicate an ADP of approximately 65 in 2023. Could the County please confirm the current ADP as well as any projected population trends for the contract period?</p>   | <p><b>The maximum capacity of the facility is 122 people. The historical Average Daily Populations (ADPs) were previously detailed in the Request for Proposal (RFP).</b></p> |
| 71 | <p>What are the County's specific expectations for RN and/or LPN staffing coverage, particularly as they align with applicable Iowa regulatory requirements?</p>  | <p><b>Consult the RFP for required staffing.</b></p>  |
| 72 | <p>Could the County provide a copy of the contract with current provider?</p>   | <p><b>Yes</b></p>   |
| 73 | <p>The RFP indicates that the County will manage medications; however, additional clarification is requested regarding scope and responsibilities. Should vendors also include an aggregate cap or pricing structure related to cost pools or excluded medical expenses?</p>  | <p><b>No</b></p>  |

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| 74 | The RFP requests an overview of the EMR system but indicates that pricing should be separated. Please confirm that the County would like vendors to submit two pricing models: | <b>Yes</b>  |
|    | a One including EMR services and associated costs.   | <b>Yes</b>  |
|    | b One excluding EMR services, with pricing shown separately.   | <b>Yes</b>  |
| 75 | Is it possible to schedule a site visit?   | <p><b>Site Visit and Tour: Story County Jail</b></p> <p><b>A site visit and tour of the Story County Jail is scheduled for Friday, March 20th, from 12:00 PM to 1:00 PM.</b></p> <p><b>Vendors interested in attending must RSVP by Noon on March 18, 2026 to Supervisor Cory Davis (cdavis@storycountyiowa.gov).</b></p> <p><b>Important Attendance Requirements:</b></p> <ul style="list-style-type: none"> <li>● <b>A maximum of two attendees is permitted per vendor.</b></li> <li>● <b>The name and date of birth (DOB) of each person attending must be included with the RSVP.</b></li> </ul> |