



November 13, 2024

Sheriff Cutter Clinton
Panola County Sheriff's Office
314 West Wellington
Carthage, TX 75633

Re: Health Services Agreement

Dear Sheriff Clinton:

As we look toward beginning a new contract year, we, at SHP, would like to extend a sincere thank you for your business and continued support. We believe communication is very important to the health of a partnership, and we encourage you to reach out at any time with questions or concerns related to the services we provide.

This letter serves to formally acknowledge a change in the contractual base rate and staffing terms, as outlined in my email to Lt. Jones dated October 21, 2024. As you know, the contract was priced initially based on an LVN in the MTA role. The new MTA, hired in August, is an RN, which, of course, makes a significant difference in our operating budget, and we will need to adjust the contract price accordingly. The pay change is about \$13,000.00 annually, not including any benefits. A 10% increase on the base contract will help in covering the pay rate/change in credentials. This 10% amounts to \$14,315.88 annualized (\$1,192.99 per month), which will bring the base fee up to \$13,122.89 per month (\$157,474.68 annualized).

Although the position was filled with an RN beginning in August, we are requesting approval to implement the new pricing as of November 1, 2024. We would not seek any additional, annual adjustment on the contract for the 2025 period. The 10% will allow incorporation of the change to provide an RN MTA under the staffing plan, as well as help us cover other costs of operating during the new period that unfortunately continue to increase upward each year (ex: employee benefits, professional liability insurance, other lines of coverage, etc.). We want to continue providing the very best care and services.

A summary of the new pricing/terms is provided below.

Contract Period: January 1, 2025, through December 31, 2025	
Annual increase on contract with change to provide RN MTA:	10% on base fee 4% on per diem rate
Base annualized fee*:	\$157,474.68 (\$13,122.89 per month) *Effective November 1, 2024, prior to the beginning of the new period to account for the change to RN MTA
Per diem rate greater than 60 inmates:	\$1.71
Annual outside cost pool limit:	\$20,000.00

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We look forward to continuing a solid program in the year to come. If you have any questions or needs, again, please feel free to reach out. My email is carmen.hamilton@southernhealthpartners.com, or you can call me directly in the NC/SC Regional Office at 803-802-1492. I will ask that you keep this letter on file with your contract and return a signed copy to me for SHP's file at your earliest convenience. A scan to email will be fine (email carmen.hamilton@southernhealthpartners.com). Except as stated herein, or as may be amended or modified in writing by mutual agreement of the parties, all provisions of the contract will remain in full force and effect.

Thank you in advance.

Sincerely,

C. Hamilton

Carmen Hamilton
Contracts Manager

/cph

PANOLA COUNTY, TX

BY:

Rodger S. McLane
