

**AMENDMENT #2
TO THE INTERAGENCY AGREEMENT
BETWEEN
THE DIVISION OF MEDICAID
AND
THE MISSISSIPPI DEPARTMENT OF CORRECTIONS**

(Inmate Eligibility and Reentry Council)

THIS AMENDMENT #2 modifies, revises, and amends the Interagency Agreement by and between the **DIVISION OF MEDICAID IN THE OFFICE OF THE GOVERNOR**, an administrative agency of the **STATE OF MISSISSIPPI**, herein referred to as "DOM," and the **MISSISSIPPI DEPARTMENT OF CORRECTIONS**, an administrative agency of the **STATE OF MISSISSIPPI**, hereinafter referred to as "MDOC."

WHEREAS, DOM and the MDOC entered into an Interagency Agreement for coordination of determining inmate eligibility and support for the Reentry Council (such Interagency Agreement, together with all attachments and amendments thereto, shall be referred to herein as "the Agreement"); and,

WHEREAS, Section VI (Modification or Amendment) of the Agreement provides that the Agreement may be modified or amended if such modification or amendment is mutually agreed upon in writing by DOM and MDOC.

NOW, THEREFORE, in consideration of the mutual undertaking and conditions as hereinafter set forth, the Agreement is amended as follows:

1. Section II (PERIOD OF PERFORMANCE) is hereby amended to read as follows:
 - I. **PERIOD OF PERFORMANCE**: The term of this Agreement shall commence on July 1, 2016, and shall expire on June 30, 2021, unless this Agreement is terminated pursuant to paragraph VIII (Termination).
2. All other provisions of the Interagency Agreement and Amendment #1 to the Interagency Agreement are unchanged. It is further the intent of the parties that any inconsistent provisions not addressed by the above amendment are modified and interpreted to conform with this Amendment #2.

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IN WITNESS WHEREOF, the parties have caused this Amendment #1 to be executed by their duly authorized representatives as follows:

Mississippi Division of Medicaid

By:  _____

Drew L. Snyder
Executive Director

Mississippi Department of Corrections

By:  _____

Burl Cain
Commissioner of Corrections

STATE OF MISSISSIPPI

COUNTY OF Madison

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **Drew L. Snyder**, in his official capacity as the duly appointed **Executive Director of the Division of Medicaid in the Office of the Governor**, an administrative agency of the State of Mississippi, who acknowledged to me, being first duly authorized by said agency that he signed and delivered the above and foregoing **Amendment Two** for and on behalf of said agency, and as its official act and deed on the day and year therein mentioned.

GIVEN under my hand and official seal of office on this the 8th day of July, A.D., 2020.

Pamela M. Thomas
NOTARY PUBLIC



STATE OF MISSISSIPPI

COUNTY OF Hinds

THIS DAY personally came and appeared before me, the undersigned authority, in and for the aforesaid jurisdiction, the within named, **Burl Cain**, in his official capacity as the **Commissioner of Corrections** who acknowledged to me, being first duly authorized by said corporation that she/he signed and delivered the above and foregoing **Amendment Two** for and on behalf of said entity/corporation/agency, and as its official act and deed on the day and year therein mentioned.

GIVEN under my hand and official seal of office on this the 10 day of July, A.D., 2020.

Stacy L. Lewis
NOTARY PUBLIC

MY COMMISSION EXPIRES:

2/24/2024

