**COUNTY COLLABORATION AGREEMENT**

This Collaboration Agreement (the "Agreement") is entered into by and between the County Department (\_\_\_\_\_\_\_\_\_\_\_\_\_), and the external entity(ies) listed below (the "External Entity") for the purpose of facilitating timely enrollment of Medical Assistance applicants, ensuring coordination of ongoing eligibility and case maintenance, and outlining cost-sharing mechanisms.

This Agreement shall become effective on the date signed by the final party and shall remain in effect until terminated or modified by mutual written consent of the parties involved.

### **1. Purpose and Scope of Collaboration**

*Rule section 1.020.11: County Department Collaboration with External Entities to Facilitate Eligibility and Enrollment*

**The purpose of this Agreement is to**:

* Facilitate timely enrollment of Medical Assistance applicants.
* Ensure coordination between the County Department, and the External Entities for ongoing eligibility and case maintenance.
* In particular, to ensure applicants who are hospitalized have access to timely determinations for discharge, the County Department shall enter into formal agreements with the External Entities within the county’s boundaries or, if applicable, partner with neighboring counties within this agreement by January 1, 2026. This Agreement may be executed either individually between the County Department, Partner Counties, and each External Entity, or as a single agreement that includes multiple External Entities, depending on the County’s organizational structure.

### **2. Agreement Details**

**a. Specific Points of Contact**  
The Agreement will specify designated points of contact for each party to effectively manage the implementation of this collaboration. These points of contact include, but are not limited to:

* County Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Partner County Department Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* External Entity(ies) Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b. Defined Roles and Responsibilities**

**County Department Responsibilities:**  
The County Department shall have the sole responsibility of determining eligibility for Medical Assistance programs.

Processing of Applications, Renewals, and Changes:  
The County Department agrees to process the following number of Medical Assistance applications on a monthly basis:

* Amount of Applications to be Processed Monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount of Renewals to be Processed Monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount of Changes to be Processed Monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_

To ensure timely processing, the County Department shall implement effective systems and workflows.

Reports to Monitor and Measure Timely Processing of Applications, Renewals, and Changes:  
The County Department shall utilize the following reports to monitor and measure the timely processing of Medical Assistance applications:

* Report(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cadence of Monitoring: \_\_\_\_\_\_\_\_\_\_\_ (e.g., daily, weekly, monthly)

**External Entities Responsibilities:**  
The External Entities shall collaborate with the County Department to ensure timely and accurate enrollment and eligibility decisions. To ensure timely processing, the External Entities shall implement effective systems and process workflows in coordination with the County Department.

**Conflict of Interest Provisions:**  
The Agreement will include language ensuring that there are no conflicts of interest that would hinder access to eligibility and enrollment. Each party will be expected to act in the best interest of the Medical Assistance applicants and the public welfare.

### **3. External Entities Requiring Collaboration Agreements**

a. Hospital System(s), Health Clinics, or Medical Facilities  
The County Department shall enter into formal collaboration agreements with the Hospital System(s) or eligible health clinics or medical facilities located within the county to ensure timely and accurate eligibility determinations for Medical Assistance applicants. The Hospital System(s) shall provide necessary support to facilitate these processes, including cooperation for the timely transfer of information.

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **5. Agreement Term and Termination**

This Agreement shall remain in effect until amended or terminated by mutual written agreement of the parties. Any party wishing to terminate this Agreement must provide written notice to the other parties at least **60 days** in advance.

### **6. Amendments**

Any amendments or modifications to this Agreement must be made in writing and signed by authorized representatives of all parties involved.

### **7. Miscellaneous**

* **Governing Law**: This Agreement shall be governed by and construed in accordance with the laws of the State.
* **Severability**: If any provision of this Agreement is found to be invalid or unenforceable, the remainder of the Agreement shall continue in full force and effect.
* **No Waiver**: The failure of any party to enforce any provision of this Agreement shall not be deemed a waiver of that provision or any other provision.

### **IN WITNESS WHEREOF, the parties have executed this Collaboration Agreement on the dates indicated below:**

**County Department**:  
Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partner County Department**:  
Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**External Entity**:  
Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_