ALAMEDA COUNTY
OFFICE OF EDUCATION
Alysse Castro, Superintendent

313 West Winton Ave.
Hayward, CA 94544
510-887-0152
acoe.org

ALAMEDA COUNTY OFFICE OF EDUCATION BILLING SERVICES AGREEMENT

This Agreement made and entered this **Jul 1, 2024** (<u>"Effective Date"</u>) between Albany Unified School District**, a California Local Educational Agency** hereinafter referred to as **"CLIENT"**, having an address at 1200 Solano Ave, Albany, CA 94706 and **Alameda County Office of Education, a California county office of education,** hereinafter referred to as **"ACOE"** having an address at 313 W Winton, Hayward, California 94544.

Check All That Apply:

- The parties hereto agree that **ACOE** will provide Local Education Agency (LEA) Medi-Cal Billing Option Program Claiming Services outlined in the California State Plan under Title XIX of the Social Security Act, including all future approved Amendments to the California State Plan (SPA 15-021) to **CLIENT**.
- The parties hereto agree the **ACOE** will provide School Linked California Statewide Multi-Payer Fee Schedule Claiming Services outlined in Welfare & Institutions Code 5961.4 of the Childrens Youth Behavioral Health Initiative Act, including all future approved Amendments to Welfare & Institutions Code 5961.4 and related State Plan Amendments to Client.
- The parties hereto agree the **ACOE** will provide claiming services for all health services provided by the LEA who is contracted with a Managed Care Plan as a member of their provider network in accordance with the terms of conditions of the contract.

   Name of Health Plan/s Contracted with: _____
   - Copy of the Contracts between the Health Plan and LEA is attached (required).

If **CLIENT** enters into subcontract agreements with other organizations for the purpose of incorporating their claiming with that of **CLIENT**, all terms and conditions of this Agreement will be binding for **CLIENT** and **CLIENT** shall hold **ACOE** harmless from claims by its subcontracting organizations. **CLIENT** shall inform **ACOE** within fourteen (14) days after **CLIENT** has entered into or terminated a contract with another organization.

1.   **COMMENCEMENT, DURATION AND TERMINATION OF SERVICES**

   This Agreement shall be effective for twelve (12) consecutive months commencing on **enter date**, for preparing claims for **CLIENT**. Claims received from CLIENT with complete information on services, student demographics, and Insurance and provider details will be submitted by ACOE for reimbursement on a daily basis .

   This Agreement shall automatically renew for additional periods of twelve (12) months each unless one party has provided written notice of cancellation to the other party not

less than ninety (90) days prior to the renewal date.

CLIENT may terminate this Agreement, with or without cause, upon ninety (90) days written notice to **ACOE**, provided that **CLIENT** agrees to pay **ACOE** all fees for services provided by **ACOE** through the date of termination.

2. **ENCOUNTER/ SERVICE DATA**

The **CLIENT** shall be responsible for providing the **ACOE** with the accurate, complete and correct data for claims submission and reimbursement. The **CLIENT** may use any of the following methods:

- Integration of **CLIENTS** software systems with the **ACOE** data warehouse. The **CLIENT** may be charged an additional set up cost to be outlined in a separate contractual agreement with the **CLIENT**.
- **CLIENT** may provide the **ACOE** with paper encounter/services logs data in a standardized file format (IE: csv., xls) determined by the **ACOE**. If **CLIENT** elects to submit paper billing logs for the documentation of medically necessary services (excluding transportation trip logs), **ACOE** will charge **CLIENT** an additional 2% for secured storage and processing. **CLIENT** is ultimately responsible for the accuracy and completeness of paper logs submitted based on the minimum standards set forth by the Department of Health Care Services (DHCS). **CLIENT** agrees to provide **ACOE**, on a timely basis, all forms and documentation in a manner prescribed by **ACOE** and as required for the successful preparation and submission of claims.
- **CLIENT** may document encounter/service data in the Alameda County School Health Record System. **CLIENT electing to use the Alameda County School Health Record System** shall be responsible for the input of all electronic entries into the Alameda County School Health Record System operated by Mirketa Inc. on Salesforce platform (IEP & NonIEP) Billing, which **ACOE** will process claims for.

Accurate, complete, and correct data necessary for **ACOE** to perform its services hereunder shall be the sole responsibility of **CLIENT**. **ACOE** will however make every reasonable effort to verify the completeness and accuracy of information underlying the claims it submits on the **CLIENT's** behalf. **ACOE** shall not be responsible for any delays or failure to prepare a claim because of incomplete, inaccurate, or incorrect data provided by **CLIENT**. Any errors, mistakes or liability in connection with the failure of **CLIENT** to electronically enter such data, shall be the sole responsibility of **CLIENT** and every reasonable effort shall be made to correct such data by **CLIENT**. **CLIENT** shall notify **ACOE** of any incorrect data and in the event **CLIENT** requests **ACOE** complete the necessary Claim Inquiry Form (CIF) to retract and resubmit such claims **ACOE** will charge **CLIENT** a processing fee of $45.00 per hour. LEA BOP claims must be received by the Department of Health Care Services (DHCS) Fiscal Intermediary (FI) within twelve (12) months following the month in which services were rendered per the Twelve-Month Billing Limit. School Linked California Statewide Multi-Payer Fee Schedule claims must be received by Carelon within six (6) months per the Six-Month Billing Limit, if all details to file the claim are available to ACOE.. Claims submitted to health plans directly must be submitted within the defined filing days limit specified by the health plan, if all details to file the claim are available to ACOE.

ACOE will make every reasonable effort to submit each claim within thirty (30) days of the claim input by **CLIENT**. **ACOE** will also make every reasonable effort to bill any necessary retroactive claims where permitted by statute and law. **CLIENT** acknowledges that in the event Medi-Cal or Private insurance denies reimbursement of a claim, such denials are common and **ACOE** will monitor these denials and work with the **CLIENT** to obtain the necessary information needed to re-bill for reconsideration of reimbursement.

3.   **COST AND REIMBURSEMENT COMPARISON SCHEDULE SERVICES**

CLIENTS participating in the LEA Billing Option Program (LEA Program) are required to to submit the Cost and Reimbursement Comparison Schedule (CRCS). The LEA Program requires that LEAs annually certify that the public funds expended for LEA services provided are eligible for federal financial participation, in accordance with 42 CFR 433.51. **CLIENT** ensures that only employees providing direct health services (Participant Pool 1) in a given quarter, may be included on the CRCS for that quarter. **CLIENT** is ultimately responsible for the preparation and submission of the CRCS. **ACOE** will provide support to **CLIENT** in conjunction with the recommendations set forth by DHCS.

4.   **BILLING TECHNICAL ASSISTANCE & TRAINING SERVICES**

ACOE shall provide **CLIENTS** with training and technical assistance to support implementation of the billing programs. Technical Assistance and Training opportunities will available virtually and in-person be aligned with a Tiered System of Support.
   - All - **ACOE** will make available to **CLIENTS** universal templates for a variety of billing elements. This includes but is not limited to provision of documents necessary to enroll in billing programs, Cost Reimbursement Settlement Comparison (CRSC) and templates and sample forms for provider documentation. The **ACOE** will also provide communications to **CLIENTS** on policy and procedure changes.
   - Few - **ACOE** will host and facilitate a variety of group training and networks related to billing for **CLIENTS**. These may include but are not limited to, billing program onboarding, Billing Coordinator Training, Documentation Training for Providers, audit training, and hosting a billing learning exchange.
   - Intensive support - Upon **CLIENT** request **ACOE** will provide at minimum 2 one-to-one individual consulting sessions to **CLIENTS** annually. Consultation topics will be selected by the CLIENT. **ACOE** billing team will also provide intensive customized coaching support to LEAs and **CLIENTS** at an additional cost to be outlined in a separate agreement upon request.

5.   **OPERATING PROCEDURES**

ACOE shall be responsible for the processing of all claims for services rendered by **CLIENT** and its employees, which have been turned over to **ACOE** for processing. ACOE will obtain and store pupil's Medi-Cal beneficiary or private insurance eligibility in accordance with a signed Department of Health Care Services, Agreement for Disclosure and Use of Medi- Cal and private insurance Data (hereinafter "Data Use

Agreement" or "DUA" between the **CLIENT, ACOE,** Carelon and DHCS as required by DHCS and Carelon.

ACOE agrees to:

a. Provide training, continuing education, and forms required by **CLIENT** staff for the preparation of data required for the submission of the claims for reimbursement.

b. Maintain knowledge of current billing procedures, rules, and laws for California's Medi-Cal LEA Billing Option claiming program, School Linked Services California Multi-Payer Fee Schedule and direct Health Plan Contracting. Maintain knowledge of the Centers of Medicare and Medicaid Services (CMS) guidelines, Department of Managed Health Care guidelines, and Department of Health and Care Services guidelines as they pertain to the provision of services under this Agreement.

c. Establish and maintain procedures for the timely preparation of claims to Medi-Cal, and Private payers. This includes setting time schedules that must be adhered to by **CLIENT's** staff.

d. Provide monthly management reports to **CLIENT** as support for the claims submitted. Prepare and submit weekly claims for payment.

e. **ACOE** will provide technical assistance to **CLIENT** with gathering and maintaining data required for claiming. **ACOE** will provide all program support to **CLIENT** and will direct other resources to **CLIENT** as required. **ACOE** will coordinate all training and on-site support activities for **CLIENT**.

CLIENT agrees to:

a. Ensure that all Medi-Cal and Privately covered services are furnished by qualified practitioners acting within their scope of practice, in accordance with CCR Title 22; Business and Professions Code, Division 2, Sections 500 through 4998; and Education Code Section 44000. **CLIENT** will ensure that all qualified practitioners' license(s) and credentials are current and in good standing with the respective licensing agent. **CLIENT** will notify **ACOE** in writing of any changes in staffing both of employed and contracted practitioners.

b. Ensure that all providers documentation services/encounters in accordance with the requirements set forth by the billing programs in which the **CLIENT** participates. Ensure documentation for services rendered are completed on an ongoing basis and remain up-to-date.

c. Ensuring that all providers are registered for a National Provider Identification (NPI) Number.

d. **For CLIENTS participating in the LEA BOP**: As of July 1, 2018 in order to be eligible to receive interim reimbursement under the LEA Medi-Cal Billing Option

Program, **CLIENT** shall follow all guidelines set forth by CMS and DHCS in participation and cooperation in School Based Medi-Cal Administrative Activities (SMAA) Random Moment Time Survey (RMTS) unless otherwise acting as a model 2 ACOE contracting out for ALL direct health service practitioners. **CLIENT** agrees to ensure that claims and costs are necessary for the proper and efficient administration of LEA Medi-Cal Billing Option Services. **CLIENT** agrees to ensure that individuals submitting claims for LEA Medi-Cal Billing Option Program are also included on the quarterly SMAA Cost Pool as a direct service and administrative providers (Cost Pool 1) and participates in the SMAA program in accordance with DHCS and CMS guidelines. **CLIENT** agrees to share the SMAA Quarterly Coding Report with **ACOE** Compliance staff to ensure accurate billing claims.

e. **For CLIENTS participating in the LEA BOP**: In accordance with Title 42 of the Code of Federal Regulations (CFR), Sections
455.410 & 455.440, **CLIENT** agrees to include the National Provider Identifier (NPI) number of the Ordering Referring and Prescribing (ORP) practitioner on claims for treatment health care services. **CLIENT** also agrees that all practitioners who order, refer or prescribe treatment services must be individually enrolled as a Medi-Cal ORP provider. CLIENT agrees to include the National Provider Identifier (NPI) number of the provider on claims for treatment of health care services when the program requires it.

f. **ACOE** recommends **CLIENT** implement a compliance plan in accordance with the Centers for Medicaid Services (CMS). The Compliance plan is intended to assist Local Education Agencies (LEA) in developing and implementing effective compliance programs that promote, adherence to, and allow for, the efficient monitoring of compliance with all applicable statutory, regulatory and Medicaid program requirements. An effective compliance plan should both articulate and demonstrate the LEAs commitment to ethical and legal business conduct and create a culture of compliance. Federal Register / Vol. 63, No. 243 / **CLIENT** agrees to adhere to all applicable Policy and Procedure letters relating to the LEA Medi-Cal Billing Option Program, School Linked California Multi Payer Fee Schedule, School-Based Medi-Cal Administrative Activities, Targeted Case Management, Medi-Cal and Commercial Managed Care.

g. Provide a contact person who shall serve as billing coordinator for all **CLIENT** activities. This person will work directly with **ACOE's** management and support staff to ensure program compliance and authenticity.

h. Arrange for **CLIENT** staff to attend mandatory training sessions related to the electronic data input of Alameda County School Health Record System and form/documentation completion. **CLIENT** will assume the responsibility of overseeing the participation of electronic entries and/or paper forms submitted to **ACOE**.

6. **COMPENSATION**

CLIENT shall pay **ACOE** by the number of processing and administrative hours worked. In accordance with regulations 42 CFR §447.10 and 22 CCR § 51502.1, **ACOE** will validate the number of hours worked on the project by assuming 20% of the Claims Manager time at $84.00/hour and 80% of the Billing Analyst time at $51/hour. For **CLIENT** convenience, this typically amounts in and around to 12.0 percent charged to the LEA, however a percentage charge is prohibited by Federal regulations.

ACOE anticipates receiving periodic reports regarding which **CLIENT'S** claims, submitted by **ACOE**, were paid by Medi-Cal or Commercial Health Plans. Based on such reports, **ACOE** shall submit invoices to **CLIENT**, which shows the amount **CLIENT** must pay **ACOE** for claims submitted by **ACOE** and paid to **CLIENT**. **CLIENT** must remit payment to **ACOE** for the claims paid, as reflected on **ACOE'S** invoice to **CLIENT**, within sixty (60) days of the date of invoice. A $75 late fee will be applied to each monthly invoice where **ACOE** has not received payment within the sixty (60) days of the date of invoice.

7.   **OWNERSHIP OF PROGRAMS AND CONFIDENTIALITY OF DATA**

All computer hardware, operating system software, application software, programs, documentation, specifications, tapes, instruction manuals and similar material utilized and/or developed by **ACOE** in connection with its systems and all patents, trade secrets, copyrights, trademarks, and other intellectual property rights are, as between **ACOE** and **CLIENT**, the sole and exclusive property of **ACOE**. **CLIENT** agrees to make no unauthorized use of these materials and systems and to preserve these materials and maintain the confidentiality of any and all of these materials in its possession.

WHEREAS, ACOE provides digital education software that is authorized to access, store and use Pupil Records and/or provides services, including cloud-based services, for the digital storage, management and/or retrieval of Pupil Records;

WHEREAS, CLIENT is a "local educational agency" under California Education Code Section 49073.1(3), which defines "local educational agency" as including "school districts, county offices of education, and charter schools;"

WHEREAS, ACOE is a "third party" under California Education Code Section 49073.1(6), which defines "third party" as a **ACOE** of digital educational software or services, including cloud-based services, for the digital storage, management, and retrieval of Pupil Records;

WHEREAS, California Education Code Section 49073.1 requires that any contract for the provision of services entered into between **ACOE** and **CLIENT** contain provisions specified in sections (b)(1) through (b)(9) of California Education Code Section 49073.1;

WHEREAS, ACOE and **CLIENT** desire to amend the terms of the Agreement to satisfy the requirements of California Education Code section 49073.1; and now therefore, **ACOE** and **CLIENT** agree to the terms in compliance with California Education Code Section 49073.1:

  I.   Definitions: As used herein the following terms are defined as follows:

      a.   "Adult Pupil" means a Pupil who has reached 18 years of age.

b. "De-identified Information" means information that cannot be used to identify an individual pupil.

c. "Parent" means a natural parent, an adopted parent or legal guardian of a Pupil.

d. "Pupil" or "Pupils" means a student or students of **CLIENT**.

e. "Personally Identifiable Information" includes: 1) the Pupil's name, 2) the name of the Pupil's parent or other family members, 3) the address of the Pupil or Pupil's family, 4) a personal identifier, such as a Pupil's social security number, Pupil's number, or biometric record, 5) other indirect identifiers, such as the Pupil's date of birth, place of birth, and mother's maiden name, 6) other information that, alone or in combination, is linked or linkable to a specific Pupil that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the Pupil with reasonable certainty, or 7) information requested by a person who the educational agency or institution reasonably believes knows the identity of the Pupil to whom the Pupil Record relates.

f. "Pupil Records" means both of the following: 1) any information directly related to a Pupil that is maintained by **ACOE**, including Personally Identifiable Information, and 2) any information acquired directly from the Pupil through the use of instructional software or applications assigned to the Pupil by a teacher or other **CLIENT** employee. "Pupil Records" does not mean aggregated de-identified Information used by **ACOE** for the following purposes: to improve educational products for adaptive learning purposes and for customizing Pupil learning; to demonstrate the effectiveness of **ACOE's** products in the marketing of those products; or for the development and improvement of educational sites, services, or applications.

II. <u>Ownership and Control of Client Data, Including Pupil Records.</u> At all times during the term of this Agreement and after termination of this Agreement, all Pupil Records remain the exclusive property of **CLIENT** and **CLIENT** retains exclusive rights, ownership and control thereto.

III. <u>Use of Pupil Records.</u> **ACOE** shall not use any Pupil Records to which it has access by way of this Agreement for any purpose other than those required or specifically permitted by this Agreement.

IV. <u>Review and Correction of Pupil Records.</u> A Parent or Adult Pupil may review his/her Pupil Records that are retained, stored, hosted, accessed or used by **ACOE** by making a request in writing to **CLIENT** for access to the subject Pupil Records. Subject to **CLIENT** verification of identity, approval of disclosure and redaction of any Personally Identifiable Information of a Pupil

other than the Pupil of the Parent or Adult Pupil, who is making the request, **CLIENT** will direct **ACOE** to provide access to any/all requested Pupil Records within five (5) business days or as otherwise required by law, by issuing the Parent or Adult Pupil a temporary username and password to log on to the **ACOE's** software/information system to review the requested Pupil Records. This time frame may be extended by written consent of the Parent or Adult Pupil. A Parent or Adult Pupil may submit written corrections to Pupil

Records retained, stored, hosted, accessed or used by **ACOE** to **CLIENT**. **CLIENT** shall have exclusive authority over **ACOE** with respect to authorizing disclosure of Pupil Records pursuant to this Agreement.

V. A Parent or Adult Pupil may correct erroneous information identified upon review of Pupil Records by making a written request to **CLIENT**. Subject to **CLIENT's** verification of identity and approval of such a request to correct the erroneous information, **CLIENT** shall notify **ACOE** of the approved request and direct **ACOE** to correct the erroneous information. **ACOE** will not make any modification to Pupil Records unless specifically directed to do so by **CLIENT**. **ACOE** shall direct all requests to review and/or correct erroneous information to **CLIENT**.

VI. Targeted Advertising Prohibited. **ACOE** shall not use any **CLIENT** Data, including Pupil Records, to engage in targeted advertising during the term of this Agreement, and this provision survives the termination of this Agreement.

VII. Security and Confidentiality of Pupil Records. **ACOE** will do the following to ensure the security and confidentiality of Pupil Records:

a. Designate an employee responsible for the training and compliance of all **ACOE** employees, agents, and assigns on compliance with security and confidentiality provisions detailed in this Agreement.

b. **ACOE** will protect the confidentiality of Pupil Records and take all reasonably necessary measures consistent with industry standards to protect **CLIENT** Data from any and all unauthorized access and disclosures.

c. **ACOE** has designated an individual responsible for training **ACOE** employees, agents and assigns on reasonable protection measures and the confidentiality of Pupil Records consistent with state and federal law.

d. **ACOE** shall not disclose Pupil Records, except as specified under the terms of this Agreement or as required by law.

e. **ACOE** shall develop, implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of all stored, managed, retained, accessed or used Pupil Records received from or on behalf of **CLIENT** and/or Pupils.

f. **ACOE** warrants that all confidentiality and security measures identified in this Agreement will be extended by contract to any and all subcontractors used by **ACOE**, if any, to execute the terms of this Agreement.

g. **ACOE** warrants that all Pupil Records will be encrypted in transmission and storage.

h. **ACOE** will use appropriate and reliable storage media, which shall include weekly backup of all input provided by **CLIENT** and offsite storage of backup material for a 30-day period.

VIII.   <u>Unauthorized Disclosure Notifications.</u> In the event of an unauthorized disclosure of Pupil Records, the following process will be followed:

a. Immediately upon becoming aware of a compromise of Pupil Records, or of circumstances that could have resulted in an unauthorized access to or disclosure of Pupil Records, **CLIENT** and **ACOE** agree to notify the other Party, fully investigate the incident and fully cooperate with the other Party's investigation of the incident, implement remedial measures and respond in a timely manner.

b. Parent or Adult Pupil will be immediately notified of:

  i.   The nature of the unauthorized use or disclosure (e.g., security breach, nonconsensual re-disclosure, etc.);

  ii. The specific Pupil Records that were used or disclosed without authorization;

  iii. What **ACOE** and **CLIENT** have done or will do to mitigate any effects of the unauthorized use or disclosure; and

  iv. What corrective action **ACOE** and **CLIENT** have taken or will take to prevent future occurrences.

Except as otherwise required by law, **ACOE** will not provide notice of the incident directly to the Parent or Adult Pupil whose Pupil Records were involved, regulatory agencies, or other entities, without prior written permission from **CLIENT**.

IX.   <u>Compliance with Applicable Laws.</u> **CLIENT** Data includes Pupil Records subject to the Family Educational Rights and Privacy Act (20 U.S.C. Sec. 1232g). **ACOE** recognizes that as a county office of education and public entity, **ACOE** is considered a "School Official" (as the term is used in FERPA and its implementing regulations) for any and all software, hosting and services provided to **CLIENT** through this Agreement. The Parties agree that the services provided to **CLIENT** through this Agreement serve a "legitimate educational interest," as defined and used in FERPA and its implementing regulations. The Parties agree to jointly ensure compliance with FERPA, its implementing regulations and Pupil privacy and confidentiality requirements of California law, including but not limited to California Education Code

Section 49060 et. seq. The Parties shall comply with the following process for compliance with FERPA and California law:

a.   **ACOE** and **CLIENT** warrant that they are familiar with the confidentiality, security and disclosure requirements of FERPA, its implementing regulations and Pupil privacy and confidentiality requirements of California law, including but not limited to Education Code Section 49060 et. seq., and have designated an individual responsible for ensuring compliance therewith.

b.   **ACOE** and **CLIENT** shall abide by the disclosure, security, breach notification, retention/destruction and use provisions contained in this Agreement and as required by law.

By the signature of its authorized representative or agent below, **ACOE** hereby acknowledges that **CLIENT** has provided notice under California Education Code Section 49075(a) and 34 C.F.R. section 99.33(d) that **ACOE** is strictly prohibited from disclosing Pupil Records from **CLIENT** to any third party without the prior written consent and direction to authorize disclosure by **CLIENT**.

X.   Within thirty (30) days of the Effective Date of termination of this Agreement, or within thirty (30) days from completion of this Agreement, **ACOE** warrants that it will securely transmit all **CLIENT** Data, including Pupil Records, to **CLIENT** in ASCII delimited file format or other mutually agreed format, without retaining any copies of **CLIENT** Data. In the alternative, and subject to a written request from **CLIENT**, **ACOE** will securely destroy all

CLIENT Data, including Pupil Records, upon termination of this Agreement. **ACOE** will then provide verification to **CLIENT** that the **CLIENT** Data not otherwise returned to **CLIENT** was destroyed subject to **CLIENT's** written request, the date of destruction and the method of destruction.

The parties agree that, because of the sensitive nature of data and in view of the proprietary nature of business information, it is essential that all information, data and materials, whether transmitted in hard copy or in electronic media form, be maintained in each party's confidence. Each party agrees for itself, its employees, agents and independent contractors, that all information and/or data and/or materials received from the other party shall be held in confidence and each part agrees not to reproduce, disclose, or relinquish any data, information or materials to any party other than an authorized representative of the other party. Both parties agree to utilize FileZilla, a SFTP secure network to exchange all sensitive information.

The parties agree that, because of the unique nature of the data and/or information and/or materials to be transmitted that money damages for breach of the foregoing provision shall be wholly inadequate to fully compensate the aggrieved party and therefore the aggrieved party shall be entitled to full temporary and/or permanent injunctive relief against any breach or threat of breach of the foregoing provisions.

8.   **HIPAA OBLIGATIONS:**

The parties agree that some of the data specified in this Agreement may constitute Protected Health Information (PHI), including protected health information in electronic media (ePHI), under federal law, and personal information (PI) under state law. The parties agree to comply with the applicable provisions of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act) and their implementing privacy and security regulations, which include the Final Omnibus Rule, at 45 CFR Parts 160 and 164 (HIPAA regulations), the provisions of the California Information Practices Act (IPA) at Civil Code section 1798 et. seq., Confidentiality of Substance Use Disorder Patient Records at 42 CFR Part 2, and the provisions of other applicable federal and state laws as required by the Data Use Agreement.

9.   **LIMITATION OF LIABILITY ARISING FROM DEFAULT IN SERVICES**

ACOE SHALL NOT BE LIABLE OR DEEMED TO BE IN DEFAULT FOR ANY DELAYS OR FAILURES IN PERFORMANCE OR NON-PERFORMANCE OR INTERRUPTION OF SERVICE UNDER THIS AGREEMENT RESULTING FROM ANY CAUSE BEYOND THE REASONABLE CONTROL OF ACOE.

ACOE'S LIABILITY, UNDER THIS AGREEMENT, IS LIMITED TO THE AMOUNT PAID BY CLIENT FOR THE SERVICES. ACOE SHALL NOT BE LIABLE FOR ANY INDIRECT, CONSEQUENTIAL, OR INCIDENTAL DAMAGES ARISING OUT OF THIS AGREEMENT.

10.   **GENERAL**

a. **ENTIRE AGREEMENT** – This Agreement constitutes the entire Agreement between the parties pertaining to the subject matter hereof, and supersedes all prior and contemporaneous agreements and understandings of the parties in connection therewith.

b. **SUCCESSORS** – This Agreement shall be binding upon and inure to the benefit of the successors, assigns and legal representatives of the respective parties hereto. Each party agrees that there are no third party beneficiaries to this Agreement. Neither party may assign this Agreement in whole or in part, without the prior written consent of the non-assigning party except in connection with the sale of all or substantially all of its assets or outstanding capital stock.

c. **ATTORNEYS** – In the event that either **ACOE** or **CLIENT** commences a legal proceeding, each party shall pay their own attorney's fees.

d. **SEVERABILITY** – In the event that any term or provision of this Agreement is held to be illegal, invalid or unenforceable under the laws, regulations or ordinances of any federal, state or local government, such term or provision shall be deemed severed from this Agreement and the remaining terms and provisions shall remain unaffected

thereby.

e. **NOTICES** – Any notice sent pursuant to this Agreement shall be sent by certified mail to the parties at their respective addresses.

f. **STATE LAW** – This Agreement shall be governed by and construed in accordance with the laws of California.

g. **SURVIVAL OF NON-DISCLOSURE OBLIGATION** - The obligation of non-disclosure and confidentiality recited in this Agreement shall survive the termination of this Agreement and shall be in full force and effect notwithstanding such expiration or termination.

h. **ANTI-FRAUD AND ABUSE** – Notwithstanding anything to the contrary herein this Agreement shall be subject to all applicable federal, state and local laws, regulations and directives concerning the Medicare/Medicaid and other medical reimbursement fraud and abuse limitations. To the extent anything contained herein purportedly herein or actually violates or is challenged as violating any of the above laws, statutes, regulations or interpretations, then the provision in question or this entire Agreement, if necessary, shall be automatically void and of no effect whatsoever.

i. **DESCRIPTIVE HEADINGS** - The descriptive headings in the Agreement are for convenience and reference only and in no way affect or alter the intent or effect of this Agreement.

11. **EQUAL EMPLOYMENT OPPORTUNITY**

It is and has been the policy of **ACOE** to provide equal employment and individual opportunity to all job applicants and employees without regard to race, color, religion, sex, sexual orientation, gender, gender identity, gender expression, age, ethnicity, nationality, national origin, ancestry, medical condition, marital status, veteran or disability status. It is **ACOE's** policy not to violate Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act, the Americans with Disabilities Act, or any other local, state or federal law, regulation or ordinance prohibiting discrimination in employment.
ACOE MAKES NO REPRESENTATION OR WARRANTIES EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARISING BY OPERATION OF LAW OR OTHERWISE, EXCEPT AS EXPRESSLY STATED HEREIN.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date. Further, client's signature below affirms he/she is an authorized representative for the **CLIENT**.

Alameda County Office of Education   **Albany Unified School District**

BY: _____   BY: _____

NAME: _____   NAME: _____

TITLE: _____   TITLE: _____