

Overview

The revisions below were made on January 19, 2024.

Document Name: Corporate Compliance Program

Document Owner: Jeff Felty, Chief Compliance Officer

Document Approver: David Harbour, Chief Executive Officer

Stakeholders

The individuals and/or groups affected by this update:

- All team members, agents, contractors, and volunteers (the “workforce”)


Summary / Nature of the Update

Co-branded the document.

Detailed Updates by Page

The table below describes the updates made by page number.

Page Number	Update
All	Changed “Centria” to the “Company” to encompass Centria and LSAA
All	Added Centria Autism and LSAA logos to header

	Policy + Procedure Title Corporate Compliance Program	Document Number CC.P+P.010.04	
		Revision Level 4	
	Policy + Procedure Owner Chief Compliance Officer	Revision / Effective Date 01/19/2024	
		Policy + Procedure Approver Chief Executive Officer	

Purpose

This policy establishes a Compliance Program as recommended by the Department of Health and Human Services and the Office of Inspector General (“OIG”). The Compliance Program is an enterprise-wide plan, structured to encourage collaborative participation at all levels of Centria’s and Life Skills Autism Academy’s (hereby referred to as “the Company”) workforce. The fundamental elements of the Compliance Program are set forth under this plan.

Responsibility

The Company is committed to good faith compliance with applicable healthcare laws, rules, and third-party payor requirements. To this end, this policy for the Corporate Compliance Program (the “Compliance Program”) has been approved by the Board of Directors and is applicable to all team members, agents, contractors, and volunteers (the “workforce”).

Policy

The Company’s Compliance Program was established by the Board of Directors to (1) promote an ethical culture within the organization, and (2) prevent and detect violations of the law, regulations, company policies, or the Code of Conduct. There are seven main elements to the Compliance Program (described below).

Procedure


1. Oversight

The Company will designate a Chief Compliance Officer (“CCO”) who is assigned primary accountability for compliance activities and who has appropriate authority to administer the Compliance Program. The CCO will have direct access to the Board of Directors, the Chief Executive Officer, and all senior management. In addition, a Compliance Committee will provide oversight of the CCO’s administration of the Compliance Program. The Compliance Committee will advise the CCO and the Compliance Department staff and assist in the implementation of the Compliance Program.

The responsibilities of the CCO and Compliance Committee are set forth below:

A. CCO Responsibilities:

- Oversee and monitor Compliance Program implementation;
- Report on a regular basis to the Board of Directors and the Chief Executive Officer;
- Work with appropriate leaders to develop standards of conduct, along with policies and procedures that promote adherence to the company’s Compliance Program;
- Oversee ongoing training and education of the Company’s workforce regarding compliance standards and responsibilities;
- Coordinate with operations to ensure that workforce members do not appear on the HHS/OIG Excluded Provider/Entities List;
- Oversee internal audit and compliance monitoring activities;
- Coordinate investigations, and resolution of incidents, of noncompliance and monitor the corrective actions;

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- Develop policies and plans to encourage managers and team members to report suspected fraud without fear of retaliation or retribution; and
- Continue the development and effectiveness of the Compliance Program on an ongoing basis.

B. Compliance Committee Responsibilities - The Compliance Committee will assist the CCO in the development and implementation of the Compliance Program. The following are examples of some of the functions of the Compliance Committee:

- Analyzing the organization’s regulatory environment and legal requirements with which it must comply, including emerging risk areas;
- Periodic revisions of the Compliance Program in response to changes in law, professional standards, or company policy;
- Recommending and monitoring the development of internal systems and controls to carry out the organization’s standards, policies, and procedures as part of its daily operations;
- Determining the appropriate strategy/approach to detect potential violations, and promote compliance with program requirements;
- Evaluate the Compliance Program on an annual basis and monitor any modifications as approved by the Board of Directors.


2. Standards

Written standards of business conduct and ethical service delivery are an integral part of the Company's Compliance Program. The Chief Compliance Officer and the Compliance Department staff shall be responsible for creating and regularly reviewing compliance policies, procedures, and a code of conduct that reflect relevant laws, regulations, and ethical standards. The Compliance Department will oversee the implementation and maintenance of the following:

- A. Code of Conduct - Written standards of business and professional conduct which clearly define commitment to a culture of compliance by Company team members that promotes ethical conduct, integrity, trust, and support (See the Company's Code of Conduct).
- B. Compliance Program Policies and Procedures - Written principles and rules formulated by the Compliance Department and adopted by the Company to avoid violations of the law, regulations, or the Company's Code of Conduct.
- C. Compliance Program Manual - Written guidance for members of the Company's workforce that contains detailed information related to Compliance Program activities and highlights practical applications of the Company's Code of Conduct.

The Chief Compliance Officer, the Compliance Department staff, the Compliance Committee, and other appropriate staff will review available professional and regulatory guidance to ensure that relevant compliance issues are addressed. This review will include, but not be limited to:

- Medicaid Policy Manuals;

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- State laws and regulations related to behavioral health;
- Healthcare-related federal laws and regulations;
- Other sources and materials that provide interpretive guidelines;
- Developing a system to solicit, evaluate, and respond to complaints and problems; and
- Monitoring internal and external audits and investigations to identify troublesome issues or deficiencies and implementing any subsequent corrective and preventive action.

3. Compliance Education and Training


The CCO and Compliance Committee, in conjunction with Compliance Department staff, will develop a specific compliance education and training plan. The education and training plan will be individualized to the needs of team members and their involvement in the submission of claims and other relevant compliance issues. Education and training activities will be designed to:

- Introduce all team members and members of the workforce to the overall Compliance Program and the role each is expected to play in ensuring compliance - particularly their duty to report all violations of code of conduct and suspected illegal activities;
- Introduce shared corporate ethics and values and help our workforce understand how to use these values as guides for decision making and workplace conduct;
- Specialized training for workforce members who work in complex or high-risk areas of the organization as requested by senior leadership and/or the Compliance Committee; and
- Inform our workforce of changes in rules, regulations, laws, and policies through continuing education.

Education will be provided through a variety of mediums during the year, including classroom training, online training, in-service training, compliance newsletters, staff meeting agenda items, and updates on the Company's intranet ("The Pulse"). In addition, this Compliance Program Plan and the Compliance Program Manual will be available to all team members on The Pulse and vendors, clients, and other stakeholders on the the Company's public website.

4. Auditing and Monitoring

Auditing and monitoring are the main components in an ongoing evaluation process, which is critical to the Company's Compliance Program. The Compliance Program will conduct audits to determine whether business practices are adhering to the Company's policies and procedures, applicable federal and state regulations and statutes, and private healthcare plan requirements. Audit activities will include both process and outcome measures performed at routine and periodic intervals. Internal auditors will document findings in reports that may include a Plan of Correction ("POC") as necessary. Internal auditors and operational leadership will monitor the implementation and completion of all POCs associated with auditing activities, and documentation will be maintained by the Compliance Department and reviewed by Senior Leadership and the Compliance Committee.

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As part of its ongoing monitoring processes, the Compliance Department oversees the administration of routine screening of the Company's workforce to identify parties that are excluded from participating in federal or state funded health care programs or government procurement programs.

- All new and current team members and contractors are screened against the Office of Inspector General's List of Excluded Individuals/Entities (LEIE) and the U.S. General Services Administration's System for Award Management (SAM).
- The Company will not employ or contract with any person or company that is excluded from participating in Medicare, Medicaid, or any other government healthcare or procurement programs.
- The Company's credentialing staff also validate the professional licenses and/or certifications of applicable team members as required by federal, state or local laws, and regulations.

The Board of Directors or the Compliance Committee may recommend an independent, external review of key internal processes or risk areas when appropriate.


5. Reporting Process

The Company is committed to maintaining open lines of communication in order to effectively respond to identified risks to the organization and investigate reports of non-compliance. Meaningful and open communications include:

- Encouraging and developing an open and honest culture which promotes direct communication with the goal of improving services and quality of care as well as honest and appropriate business practices;
- The creation of a user-friendly communication system for effectively reporting erroneous or fraudulent conduct;
- The development of a simple and readily accessible procedure to process reports of erroneous or fraudulent conduct;
- Provisions in the standards and procedures that clearly identify any failure to report erroneous or fraudulent conduct is a violation of the compliance policy;
- The utilization of a process that maintains the anonymity of the those who report or are involved in the reported erroneous or fraudulent conduct to the highest degree possible; and
- Provisions in the standards and procedures prohibiting retaliation or retribution for reporting conduct that a reasonable person acting in good faith would have believed to be erroneous or fraudulent.

All members of the Company's workforce must report allegations of potential or actual compliance violations to the CCO or Compliance Department staff. Workforce members can report violations or concerns in the following ways:

- Tell a supervisor or operational manager (who pass compliance-related concerns to the Compliance Department);
- Email the Compliance Department (CorporateCompliance@centriahealthcare.com); and
- Anonymously contact the Compliance Hotline: 1-866-842-7126.

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Additionally, reports may be submitted directly to the State Attorney General’s office or other specifically designated entities in accordance with state law or professional licensure/certification requirements. Company team members and other workforce members must immediately report any external investigations by government oversight and/or enforcement entities, payors, or law enforcement to the Company’s General Counsel, CCO, and Compliance Department staff.

6. Response and Prevention

When reports or serious indications of suspected noncompliance occur, the CCO or Compliance Department staff will promptly investigate the conduct to determine whether a material violation of applicable law, regulations, Company policies, or Code of Conduct has occurred. If so, appropriate and timely action will be taken to correct the problem and prevent its reoccurrence. This can include a corrective action plan, appropriate disciplinary actions, a report to a government or private party payor, the return of an overpayment, and/or immediate referral to appropriate law enforcement authorities.

The Company’s Compliance Department will maintain records of all investigations that will include, at a minimum:

- Documentation of the alleged violation(s);
- Written chronological narrative of the investigative process;
- Copies of key supporting documents;
- Results of the investigation including any disciplinary action taken and/or any corrective action implemented; and
- Documentation of any repayments to government or private payors.

The Company intends to fully cooperate with any external investigations. However, the Company must vigorously defend the rights of our staff and clients. Only the Company’s CCO, General Counsel, Leadership Team, or specifically designated staff are authorized to speak on behalf of the organization. Any search warrants, subpoenas, or court orders are to be directed to the Company’s General Counsel or the Compliance Department.

7. Enforcement and Discipline

The Company Compliance Program will include guidance regarding disciplinary action for corporate officers, managers, supervisors, and team members who have failed to comply with the Code of Conduct, company policies/procedures, and/or federal and state laws or payor requirements. Periodic monitoring and audits of disciplinary mechanisms and enforcement will ensure that violations result in consistent and appropriate sanctions.