1. **Corporate Compliance Initial Setup**

Initial setup for Corporate Compliance activities shall be coordinated through the Executive Team.

* 1. ***Establishment of Officers and Committee***

i) Deana Jacob, Director of Operations or his/her designee will act as the Corporate Compliance Officer.

ii) All individuals who have interest in Therapeutic Partners, LLC will be requested to serve on the Corporate Compliance Committee.

b) ***Required Reports***

i) The Corporate Compliance Officer shall make semi-annual reports detailing any Corporate Compliance issues during the reporting period.

ii) All Corporate Compliance Reports shall be submitted to the Corporate Compliance Committee.

iii) All Semi-Annual Reports, Clinical Audits, Outcome Measure Reports, and Financials Audits will be reviewed at the Corporate Compliance Committee's Meeting.

***c) Guidelines***will be furnished to the Compliance Officer on reporting and monitoring the program will be furnished to the Compliance Officer on reporting and monitoring the program.

***d) Training***

i) Adequate training is to be given to all personnel both at the time of hire and on an ongoing basis.

ii) Establishment, monitoring and assurance of training is the responsibility of the Corporate Compliance Officer.

iii) All employees are required to read the Corporate Compliance policy at the time of hire and sign a statement as part of the new hire *Employee Acknowledgments* form, stating that they have read and understand the Corporate Compliance policy.

**2) Corporate Compliance Program**

* 1. ***Code of Conduct***

Therapeutic Partners, LLC and its employees will operate in an environment of honesty and integrity maintaining appropriate moral, ethical and legal standards while providing professional patient care and conducting business operations in compliance with all applicable laws and regulations. Therapeutic Partners, LLC and its employees will operate in an environment of honesty and integrity maintaining appropriate moral, ethical and legal standards while providing professional patient care and conducting business operations in compliance with all applicable laws and regulations.

* 1. ***Compliance Officials***
		1. Therapeutic Partners, LLC has designated the following individuals to be responsible for developing and maintaining appropriate compliance policies and standards and insuring compliance with our Code of Conduct:
		2. Compliance Committee:
			1. Colette Melancon, LCSW-BACS, Committee Member 504-430-6116
			2. Jessica Gandolfo, LPC-S, Committee Member 985-687-5226
			3. Deana Jacob, Compliance Officer 985-327-5427
			4. Ad Hoc or legal consultant: Legal Counsel: Doris  T. Bobadilla

 3 Sanctuary Boulevard, 3rd Floor

 Mandeville, LA  70471

***c) Reporting and Enforcement***

* + 1. Every employee is responsible for taking timely action (within 24 hrs) in response to any matter which would be a violation under this Program.
		2. To assist and encourage prompt reporting of suspected violations without fear of retribution or revenge, any employee is encouraged to write to the Compliance Officer, or a member of the Compliance Committee.
		3. Reported suspected violations will be further investigated (within 14 days) and shall result in a timely decision (within 30 days). Appropriate enforcement or other corrective actions will be imposed as necessary.
		4. Because of the significant legal and ethical consequences for non-compliance with the Compliance Program, enforcement actions will be taken not only against those who violate the Program, but also against those who fail to report known violations or who take steps to cover-up violations.
		5. Disciplinary action will be appropriate under the circumstances.  It is the responsibility of the Compliance Committee to ensure enforcement actions are applied on a fair and consistent basis.

***d)   Guidance and Training***

* + 1. All the policies and procedures of Therapeutic Partners, LLC as outlined in its various manuals (see below) and other documents are hereby incorporated into the Compliance Program.  All manuals are accessible to all employees at the facility and at the Corporate Administrative Office in Covington.
			1. Policy and Procedure Manual
			2. Employee Handbook
			3. Orientation Handbook
		2. Therapeutic Partners, LLC is responsible for providing the training and education to ensure employees have the appropriate level of knowledge applicable to their job description, including applicable laws and regulations.
		3. Every employee is responsible for obtaining an understanding of the requirements of their job, including applicable laws, regulations, policies and procedures.
		4. The goal of all guidance and training is to provide employees with enough familiarity and sensitivity to the legal, ethical and professional issues so that they have a good sense of where the boundaries lie and are able to seek assistance as required.
		5. All employees will be oriented to the Compliance Program and will be provided training specific to their job.

***e)  Monitoring and Corrections***

* + 1. Supervisory employees are responsible for monitoring compliance within their assigned area of responsibility.
		2. The Compliance Committee is responsible for oversight of compliance audits.
		3. Compliance audits will be performed in conjunction with annual internal financial audits.
		4. Compliance audits will be designed and performed to assure compliance with the Program, to detect non-compliance, and recommend corrective actions.
		5. Suspected violations of compliance with laws and regulations will be referred to legal counsel for investigation.
		6. The Compliance Committee will report the results of the compliance audits periodically to the Executive Team.

**f) Code of Conduct Guidance**

* + 1. ***Employment Screening***
			1. It is the policy of Therapeutic Partners, LLC not to employ an individual or entity that is listed by a federal agency as debarred, suspended, or otherwise ineligible for federal programs.
			2. It is also a policy of Therapeutic Partners, LLC not to employ individuals convicted of crimes related to the nature of their job.
			3. Employees, contractors, and suppliers will be required to confirm upon employment, and periodically thereafter, that they compliant with this policy.

***ii) Gifts, Bribes, and Kickbacks***

* + - 1. Employees may not accept, or solicit gifts, gratuities, or any other personal benefit or favor of any kind other than those of nominal value from suppliers or customers.
			2. Payments in the nature of kickbacks or bribes intended to induce or reward favorable decisions or actions are not to be used in connection with any of Therapeutic Partners’ business.
			3. Non-compliance with this policy could result in a violation of the Anti-kickback statutes and company disciplinary action, including termination.

***iii) Fraud, Waster, Abuse, and Other Wrong Doing***

* + - 1. Fraud is an intentional misrepresentation resulting in an unauthorized benefit to the person committing the act.
			2. Abuse is incidents or practices that are inconsistent with accepted sound medical, business or fiscal practices.
			3. Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.
			4. Fraud and abuse are serious violations and may be considered criminal offenses.
			5. Medical error or “other wrong doing” is a preventable [adverse effect](https://en.wikipedia.org/wiki/Adverse_effect_%28medicine%29) of care ("[iatrogenesis](https://en.wikipedia.org/wiki/Iatrogenesis)"), whether or not it is evident or harmful to the patient

***iv) Quality of Care***

* + - 1. All care is to be provided in compliance with all federal and state laws, regulations and guidelines
			2. All documentation is to be prepared in a timely manner, witnessed when necessary, and properly authorized.
			3. No abuse or neglect of patients will be tolerated.

***v) Health and Safety***

* + - 1. A safe and healthy environment is to be maintained.
			2. Therapeutic Partners, LLC expects each employee to comply with all federal, state, and local laws regarding health, safety and environmental protection.
			3. To achieve compliance, employees should follow carefully all safety instructions and procedures as outlined in company policy and procedure manuals.

***vi) Financial Reporting and Internal Controls***

* + - 1. All financial records, including billings, purchases, cash receipts and disbursements, cost reports and financial statements, are prepared in accordance with the recording and reporting requirements of all applicable federal and state laws and in accordance with generally accepted accounting principles.
			2. Internal controls will be followed to prevent misstatement of the financial records, including external review of financial data by CPA biannually, at minimum.
			3. No record will be falsified, back-dated, intentionally destroyed or otherwise tampered with to gain a real or perceived advantage for Therapeutic Partners

**vii) Business Ethics**

* + - 1. This policy establishes the guidelines to be used by employees for ethical decision making and conduct in business.
			2. It is this facility's policy that all business of Therapeutic Partners, LLC be conducted according to the highest ethical standards.
			3. In support of this stated policy, a set of Business Ethics or Code of Conduct is essential for Therapeutic Partners, LLC to prosper and receive the desired trust and respect of residents, suppliers, competitors, co-workers, and society in general.
			4. Set forth in this policy statement is a set of guidelines to evaluate situations in a consistent manner and arrive at uniform decisions.
			5. The underlying principles of these standards are based on common sense, courtesy and moral standards that are essential to govern our business conduct in a manner designed to reflect the facility in the most favorable manner to the community.

**viii) Code*of Conduct in Business.***

In furtherance of these principles, this facility subscribes to the following Business Code of Conduct:

* + - 1. To be honest in all public statements, advertising, publicity and record keeping.
			2. To avoid misrepresentation in any business dealings, recognizing that permanent business relations can be maintained only on a basis of honesty and fair dealing.
			3. To respect our obligations as individuals, and as a corporation, neither express nor imply a promise of performance which we cannot reasonably expect to fulfill.
			4. To be courteous and considerate of those with whom we deal, to be prompt and businesslike in our appointments and to carry on negotiations and business with all reasonable expedition, so as to avoid trespassing on the rights of others as to the use of their time.
			5. To meet our competitors squarely in the marketplace.  To refrain from unfair practices, which might disrupt the free flow of trade and restrict competition.
			6. To recognize that character is the greatest personal asset in business and give it major consideration in the selection of individuals and companies with whom we do business.
			7. To provide or accept no gifts or entertainment in the guise of business expense where the intent of effect is to unduly prejudice the recipient in favor of the donor as against legitimate competitors.
			8. To give or receive no bribes in the form of money or otherwise, including so-called "kickbacks," in any transactions and to expose commercial and political bribery if encountered in order to preserve the highest standards of ethics in the industry.
			9. To ensure that information received in confidence for the conduct of business is not used for personal gain and to divulge no such information with the intent of giving or receiving an unfair advantage in a personal or competitive business transaction.
			10. To recognize the dignity of all people and to be fair and impartial in our relationships with others, to pursue in good faith our responsibilities to offer equal opportunity in business to all people.

**ix) Business*Conduct Guidelines and Practices***

In amplification of the Facility's Code of Conduct, specific guidelines and practices to be followed are provided in the succeeding paragraphs:

* + - 1. ***Public Statements, Advertising, Publicity, Marketing***
				1. Any information issued to residents, vendors, or the public at large should not knowingly contain inaccuracies, nor should information be intentionally presented in a manner designed to misrepresent our services when selling, our needs when buying, or other aspects of our business.
				2. Much of the public information which we need to supply is based on projections, available facts and logical assumptions.
				3. Information for public disclosure in local media must be cleared by the Corporate Office before release.
				4. Information about the facility or for a disclosure in national or professional media must be cleared by the Administrator before release.

***(2) Contractual relationships***

* + - * 1. Contracted services, both clinical and non-clinical in nature, will be defined by a written agreement, to include a Business Associates Agreement.
				2. No service will be provided without a written signed agreement, including a BAA. before individuals from that source are permitted to provide service on behalf of the agency.
				3. Details relating to contracted services can be found in Section Service>Subcontracted Services.

***(3) Witnessing Signatures***

* + - * 1. In order to avoid being drawn into matters that are beyond the boundaries of our therapeutic relationships with consumers, staff should avoid being used as a witness for signatures of consumers or other parties to documents not directly related to the services we provide. When a witness is necessary for forms or processes directly related to the services we provide, such as consent or other forms, a third-party witness is preferable, but staff may serve as witnesses when no one else is available. In the event that they do serve as a witness, staff should evaluate whether the signer has capacity to understand the form being signed.

***(4) Personal Property***

Staff will respect and safeguard the personal property of the persons served, visitors, and property owned by the organization.

***(5) Setting Boundaries***

(a) Personnel must not engage in inappropriate personal activities, including flirtation and dating or sexual contact with current and/or previous members; it is personnel—not agency members—who assume the full burden of demonstrating that the member has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(b) Personnel must not engage in inappropriate personal activities or sexual contact with members’ relatives or other individuals with whom members maintain a close personal relationship when there is a risk of exploitation or potential harm to the member. Sexual activity or sexual contact with members’ relatives or other individuals with whom members maintain a personal relationship has the potential to be harmful to the member and may make it difficult for the personnel and member to maintain appropriate professional boundaries. Personnel —not members, their members’ relatives, or other individuals with whom the member maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries. Any personnel with a question regarding boundaries or relationships with members, members’ relatives, or other individuals is expected to seek guidance and direction from her/his supervisor.

(c) Personnel must not provide clinical services to individuals with whom they have had a former or current sexual or other potentially boundary compromising relationship with. Providing clinical services to a former or current sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the personnel and individual to maintain appropriate professional boundaries.

***(4)  Gifts and Gratuities -- Bribery***

* + - * 1. Facility personnel should not give or accept money, gifts, or favors where the intent or the effect might by the undue influence of a business decision.
				2. Any such gift or favor offered or sent to facility personnel or members of their families must be declined or returned.  Such refusal should be made discreetly and courteously.
				3. Possible embarrassment resulting from refusal is not a valid basis for acceptance.
				4. Under no circumstances will facility personnel engage in personal fundraising. Which is to solicit or attempt to solicit any gift or favor of any amount or value from anyone doing or attempting to do business with the facility.

***(4) Conflicts of Interest***

* + - * 1. No employee shall directly or indirectly maintain any outside business or financial interest, or engage in any outside business or financial activity, which conflicts or appears to conflict with the interests of the facility or which interferes with the ability to fully discharge the employee's responsibilities and duties to the facility.
				2. All employees are required to disclose in writing to the Managing Partners any proprietary or other financial interest they may have, or anticipate having, in any organization with which the facility does business, or with which it directly or indirectly competes, in order that a determination may be made as to whether any conflict of interest is present.
				3. Nothing in this policy is intended to restrict investment or require disclosure of any investment by an employee in stock or any other security of any corporation described above that is listed on a national securities exchange or is regularly traded by national securities dealers provided that such investment does not exceed one (1) percent of the market value of the outstanding securities of such corporation.

***(4)  Confidential Information***

* + - * 1. Insider Information

In the normal course of business, employees receive information concerning the facility that is confidential in nature and not generally known to the investing public.

Since the information provided us as employees, is for use in the conduct of the facility's business, it should not be used for personal gain.

(b) Proprietary Information

All employees have, to one degree or another, access to proprietary information or trade secrets which, if disclosed to outside business interests, would be detrimental to the facility.  Examples of these are revenues, expenses, profits, and unpublished financial and pricing (rate) information; forms, methods, and systems; employee rosters; resident information; vendor lists and detailed information regarding customer or vendor requirements, business practices, and plans.

Trade secrets include data relating to the business of the facility, its customers, or affiliates which the facility retains in confidence and is not generally available to the public.

The discussion of Proprietary Information with anyone other than an employee's direct supervisor is strictly prohibited and any breach of this directive is grounds for immediate dismissal.

**(*5) Use of Social Media***

Therapeutic Partners, LLC Social Media policy attempts to address the following issues. Detailed information can be found in the Social Medica policy.

* + - * 1. Who can access social media from the organization's network.
				2. Activation of network settings that allow only designated staff to access social media (e.g., marketing staff) to help protect privacy and confidentiality
				3. Inappropriate uses of social media, either on the organization's network or a personal device (e.g., disparaging and defaming the employer, divulging trade secrets and other proprietary information, or violation of privacy rights)
				4. Ramifications for inappropriate use, which should relate to existing company policy stating a violation can and may lead to discipline, up to and including termination
				5. Responsibility of employees that witness inappropriate us
				6. Modification of other policies related to codes of conduct, disciplinary action, handbooks, e-media use, discrimination, or harassment
				7. Ensuring that staff members understand and acknowledge that they are not speaking on behalf of the organization when they post on their personal social media sites
				8. Responsibility of employees outside the realm of their employment (e.g., their actions on social media may put them at risk for civil liability)

***x)* Fraud, Waste, Abuse, and Other Wrong Doing**

* + - 1. Fraud may be defined as the intentional deception or misrepresentation which the individual makes, knowing it to be false and that the deception could result in some unauthorized benefit to himself/herself or some other person.  This could be a supplier, physician, beneficiary or some other person or business.
			2. Examples of fraud include:
				1. altering payments, billing for services or supplies that were not provided, using another person's Insurance card to obtain medical care,
				2. altering claims history records to generate fraudulent payments, falsely representing provider ownership in a clinical laboratory,
				3. kickbacks,
				4. billing service scams,
				5. signing blank prescriptions or certificates of medical necessity and providers soliciting for patients.

(3) Only services rendered should be documented. Never should falsification of any facility or medical record occur.  Dates should be timely but, if not, should never be back dated.

(4) Abuse is incidents or practices of providers that are inconsistent with accepted sound medical, business or fiscal practices.  The practices may directly or indirectly result in unnecessary costs to the program, improper payment, or payment for services that fail to meet professionally recognized standards of care or that are medically unnecessary.

(5) Fraud and Abuse is serious and may be considered civil and criminal offenses.  Any employee having knowledge of this type conduct should report it immediately to the Corporate Compliance Officer.

**xi) Investigation and Correction**

* + - 1. In the event of any suspected violation of the Corporate Compliance Program the violation will be reported immediately to the Corporate Compliance Committee.  A written statement of the suspected violation is to be forwarded to the Corporate Compliance Committee at 60 Louis Prima Covington, LA 70433
			2. The Compliance Officer will thoroughly investigate all violations and take all necessary steps to prevent further violations while the investigation is in progress.  Any employee suspected of violations will be suspended until the investigation is complete.
			3. If the facility investigation concludes that the report is inaccurate or cannot be substantiated, the employee will be reinstated.
			4. If the reported violation is substantiated Therapeutic Partners, LLC will take appropriate disciplinary action up to and including immediate termination and possible referral to appropriate authorities for criminal prosecution against any employee who commits fraudulent acts.
			5. The employee should realize the possibility exists for imposition of individual liability for any criminal act.
			6. Failure to report compliance program violations could result in disciplinary action and/or termination.
			7. An investigation will be performed by the Corporate Compliance Committee or the Committee’s designee and a report of the results of the investigation and/or disciplinary action given to the Corporate Compliance Committee.
			8. A written report will also be furnished to the relative if a name and address are available.
			9. Confidentiality of the relative of suspected and/or reported violations will be guaranteed.

**xii) Corporate Compliance Training**

* + - 1. Training on the Corporate Compliance Program will be done during the employee's orientation and at least annually thereafter.
			2. The following topics must be covered during the Corporate Compliance training:
				1. Business Ethics Policy
				2. Investigation of Corporate Compliance Complaints
				3. Code of Conduct
				4. Employee Screening
				5. Laws and Regulations applicable to assigned position
			3. Each employee will receive a copy of the Corporate Compliance Program via the Employee Handbook.
			4. All employees are required sign a statement as part of the new hire *Employee Acknowledgments* form, stating that they have read and understand the Corporate Compliance policy.

**xiii) Compliance Officer**

* + - 1. The Facility Compliance Officer will be responsible for monitoring the Corporate Compliance Program within the facility on a day-to-day basis.
			2. ***Facility Compliance Officer Responsibilities*will** include but not be limited to the following:
				1. Ensure adequate in-service is provided to new employees and annual training for current employees on Corporate Compliance Program.
				2. Ensure all personnel are familiar with Corporate Compliance procedures.
				3. Report Annually to the Corporate Compliance Committee on any training, problems, suggestions or comments regarding the viability of the Corporate Compliance Program.
				4. Be knowledgeable in all aspects of the Compliance Program.
			3. ***Compliance Officer Report***
				1. The Facility Compliance Officer's Report is to be submitted to the Corporate Compliance Committee as needed.
				2. The Compliance Officer’s Report shall contain, but not be limited to, the following information:

In-service(s) Held - List information on any in-services or training that have been held during the quarter.

Problems - Any problems or possible compliance issues which have been addressed during the reporting period, whether reported to the Committee previously or not.

 Suggestions - Any suggestions the Officer might have on how to better monitor the program within the facility.

Comments - Any comments or other information the Compliance Officer would like to provide to the Corporate Compliance Committee.

* + - * 1. This report should be sent to the Corporate Compliance Committee in Covington, LA.