

## **ACADIA HEALTHCARE COMPANY, INC.**

### **COMPLIANCE COMMITTEE CHARTER**

There shall be a committee of the Board of Directors (the “Board”) of Acadia Healthcare Company, Inc., a Delaware corporation (the “Company”), to be known as the Compliance Committee (the “Committee”) with the authority, responsibilities and duties described in this Charter.

#### **I. Purpose**

The Committee is appointed to assist the Board in fulfilling its responsibilities by reviewing and providing oversight of matters related to compliance with (i) the Company’s Corporate Compliance Program and related activities; (ii) Federal health care program requirements; (iii) obligations under the Corporate Integrity Agreement, dated as of May 3, 2019, as amended (the “CIA”), between CRC Health, LLC, a Delaware limited liability company and wholly-owned, indirect subsidiary of the Company (“CRC”), and the Office of Inspector General of the Department of Health and Human Services (“OIG”), and (iv) licensure, certification, accreditation and quality standards, as well as other legal and regulatory requirements.

#### **II. Composition**

The Committee shall be comprised of no less than two members of the Board, with the exact number of members to be determined by the Board from time to time. Each of the directors on the Committee shall meet the applicable director independence requirements included in the listing requirements of The NASDAQ National Market or the listing requirements of any other exchange or trading system that is the primary exchange or system for trading of the Company’s listed common stock (as applicable, the “Listing Requirements”). The Board shall appoint each member of the Committee, who shall serve until his or her successor is appointed (or his or her earlier removal, death or resignation). The Board may remove or replace any member of the Committee at any time and fill vacancies in the Committee.

The chairperson of the Committee shall be designated by the Board or, if no such designation is made, shall be selected by the affirmative vote of a majority of the members of the Committee. The Board may remove or replace the chairperson of the Committee at any time.

#### **III. Meetings**

The Committee will meet at least quarterly to, among other things, review and oversee the Company’s compliance program, including but not limited to the performance of the Company’s Chief Compliance Officer and management compliance committee chaired by the Chief Compliance Officer (the “Management Committee”), and more frequently if circumstances dictate. The Committee may invite to any of its meetings other members of the Board, members of management and such other persons as it deems appropriate in order to carry out its responsibilities.

At least quarterly, the Committee shall meet with, and receive periodic reports regarding compliance matters from, the Company’s Chief Compliance Officer.

A majority of the members of the Committee shall constitute a quorum to transact business. Members of the Committee may participate in a meeting of the Committee by means of telephone conference call or similar communications equipment by means of which all persons participating in the meeting can hear and understand each other. Subject to the requirements of any applicable law,

regulation or rule, any action required or permitted to be taken at a meeting of the Committee may be taken without a meeting if a consent in writing, setting forth the action so taken, is signed by all members of the Committee. The Committee may set its own rules of procedure and may delegate authority to subcommittees of its members.

The Committee shall keep minutes of its actions and report periodically to the Board.

#### **IV. Committee Authority and Responsibilities**

The Committee's general responsibility is one of oversight, and it relies on the expertise and knowledge of the Company's management, Chief Compliance Officer, the Management Committee, legal counsel and other advisors in carrying out its oversight responsibilities.

To fulfill its responsibilities and duties, and subject to the foregoing, the Committee shall:

1. Review and provide oversight of matters related to compliance with Federal health care program requirements, obligations under the CIA and other legal and regulatory requirements.
2. At least quarterly, meet with and receive and review periodic reports regarding compliance matters from the Company's Chief Compliance Officer and the Management Committee.
3. Be readily available and accessible to the Company's Chief Compliance Officer.
4. Review and oversee the performance of the Company's Chief Compliance Officer and compliance department.
5. For each reporting period under the CIA, submit to OIG a description of the documents and other materials it reviewed, as well as any additional steps taken, such as the engagement of an independent advisor or other third party resources, in its oversight of the compliance program and in support of making the resolution below.
6. For each reporting period under the CIA, adopt a resolution (consistent with the requirements under the CIA), signed by each member of the Committee summarizing the Committee's review and oversight of compliance with Federal health care program requirements and the obligations of the CIA, and stating, at a minimum that the Committee has made a reasonable inquiry into the operations of CRC's compliance program, including the performance of the Compliance Officer and the Management Committee and, based on its inquiry and review, the Committee has concluded that, to the best of its knowledge, CRC has implemented an effective compliance program to meet Federal health care program requirements and the obligations under the CIA. If the Committee is unable to provide such a conclusion in the resolution, the Committee shall include in the resolution a written explanation of the reasons why it is unable to provide the conclusion and the steps it is taking to implement an effective compliance program at CRC.
7. Review significant areas of compliance risk, including but not limited to (i) coding, billing, documentation, claims submission and reimbursement, (ii) licensure and accreditation requirements, (iii) clinical quality of care, (iv) physician recruitment and contracting and (v) privacy and security of health information.

8. Oversee the establishment and communication to Company personnel appropriate lines and means of communication to report suspected non-compliance with legal or regulatory requirements or Company compliance policies.
9. Oversee the establishment of procedures for the receipt, retention and treatment of complaints regarding compliance with applicable legal and regulatory requirements and the Company's compliance policies.
10. Communicate significant compliance issues to the Board.
11. Review significant licensure, certification, accreditation and quality standards matters.
12. In its discretion and at the Company's expense, have authority to retain, engage, disengage and obtain advice and assistance from internal or external legal, accounting or other advisors, consultants or experts to assist in the evaluation or assessment of the Company's compliance efforts or the investigation of any reported evidence of noncompliance and to approve the consultant's or expert's fees and other retention terms.

**V. Annual Evaluation**

The Committee will conduct an annual self-evaluation to determine whether it is functioning effectively. The Committee will receive comments from all of its members and report annually to the Board with an assessment of its performance. This assessment will be discussed with the full Board following the end of each fiscal year. The assessment will focus on the Committee's contribution to the Company and specifically focus on areas in which the Board or management believes the Committee could improve.

Each year, the Committee will review and re-assess the adequacy of this Charter and recommend any proposed changes to the Board for approval.

Adopted by the Committee on October 23, 2019.