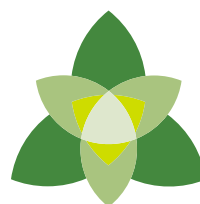


TRILLIUM HEALTH RESOURCES

**BEHAVIORAL HEALTH AND
INTELLECTUAL/DEVELOPMENTAL
DISABILITIES TAILORED PLAN
STATE-FUNDED SERVICES
RECIPIENT HANDBOOK**

JULY 2024



Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Auxiliary Aids and Interpreter Services

You can request free auxiliary aids and services, including this material and other information in large print. If English is not your first language, we can help. Call 1-877-685-2415 (TTY/TDD 711). We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluyendo este material y otra información en letra grande. Llame al 1-877-685-2415 (TTY/TDD 711). Si el inglés no es su lengua nativa, podemos ayudarle. Llame al 1-877-685-2415 (TTY/TDD 711). Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人(Chinese): 您可以申请免费的辅助工具和服务，包括本资料和其他计划信息的大字版。请致电 1-877-685-2415 (TTY/TDD 711)。如果英语不是您的首选语言，我们能提供帮助。请致电 1-877-685-2415 (TTY/TDD711)。我们可以通过口头或书面形式，用您使用的语言免费为您提供本资料中的信息，为您提供翻译服务，并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi 1-877-685-2415 (TTY/TDD 711). Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến 1-877-685-2415 (TTY/TDD 711). Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타정보가 있습니다. 1-877-685-2415 (TTY/TDD 711) 번으로 전화주시기 바랍니다. 영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. 1-877-685-2415 (TTY/TDD 711)번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le 1-877-685-2415 (TTY/TDD 711). Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le 1-877-685-2415 (TTY/TDD 711). Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau 1-877-685-2415 (TTY/TDD 711). Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau 1-877-685-2415 (TTY/TDD 711). Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

ខ្មែរ (Khmer): អ្នកអាចស្នើសុំជំនួយ និងសេវាកម្មជំនួយដោយឥតគិតថ្លៃ រួមទាំងសម្ភារៈនេះ និងព័ត៌មានផ្សេងទៀតជាទម្រង់បោះពុម្ពផង។ ទូរស័ព្ទទៅ 1-877-685-2415 (TTY/TDD 711)។ ប្រសិនបើភាសាអង់គ្លេសមិនមែនជាភាសាដំបូងរបស់អ្នក យើងអាចជួយបាន។ ទូរស័ព្ទទៅ 1-877-685-2415 (TTY/TDD 711)។ យើងអាចផ្តល់ឱ្យអ្នកដោយមិនគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នកផ្ទាល់មាត់ ឬជាលាយលក្ខណ៍អក្សរ ការចូលទៅកាន់សេវាកម្មអ្នកបកប្រែ និងអាចជួយឆ្លើយសំណួររបស់អ្នកជាភាសារបស់អ្នក។

(Arabic) عربي

ي ذلك، هذا المستند ومعلومات أخرى حول الخطة بأحرف كبرية. اتصل
يمكنك طلب الخدمات والمساعدات الإضافية المجانية بما ف
على الرق

. 1-877-685-2415 (TTY/TDD 711)

(TTY/TDD). إذا كانت اللغة الإنجل ربية ليست لغتك الأولى، فيمكننا المساعدة. اتصل على الرقم

1-877-685-2415 (TTY/TDD 711) يمكننا أن

ي هذا المستند بلغتك شفهيًا أو كتابيًا إلى خدمات
نقدم لك المعلومات الواردة ف

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру 1-877-685-2415 (TTY/TDD 711). Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру 1-877-685-2415 (TTY/TDD 711) Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa 1-877-685-2415 (TTY/TDD 711). Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa 1-877-685-2415 (TTY/TDD 711). Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે આ સામગ્રી અને મોટી પ્રિન્ટમાં અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનંતી કરી શકો છો. 1-877-685-2415 (TTY/TDD 711) પર કોલ કરો. જો અંગ્રેજી તમારી પ્રથમ ભાષા નથી, તો અમે મદદ કરી શકીએ છીએ. 1-877-685-2415 (TTY/TDD 711) પર કોલ કરો. અમે તમને આ સામગ્રીની માહિતી તમારી ભાષામાં મૌખિક અથવા લેખિતમાં મફત આપી શકીએ છીએ, દુભાષિયા સેવાઓની એક્સેસ આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં મદદ કરી શકીએ છીએ.

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter 1-877-685-2415 (TTY/TDD 711). Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter 1-877-685-2415 (TTY/TDD 711) Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi): आप इस सामग्री और बड़े प्रिंट में अन्य जानकारी सहित मुफ्त सहायक सहायता और सेवाओं का अनुरोध कर सकते हैं। 1-877-685-2415 (TTY/TDD 711) पर कॉल करें। अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते हैं। 1-877-685-2415 (TTY/TDD 711) पर कॉल करें। हम आपको निःशुल्क इस सामग्री की जानकारी आपकी भाषा में मौखिक या लिखित रूप में दे सकते हैं, दुभाषिया सेवाओं तक पहुंच प्रदान कर सकते हैं, और आपकी भाषा में आपके प्रश्नों के उत्तर देने में सहायता कर सकते हैं।

ພາສາລາວ (Lao): ເຈົ້າອາດຈະຮ້ອງຂໍການຊ່ວຍເຫຼືອ ແລະການບໍລິການພຣິ, ເຊັ່ນ: ການສະແດງເອກະສານນີ້ ແລະຂໍ້ມູນການວາງແຜນອື່ນໆເປັນພິມໃຫຍ່. ໂທຫາ 1-877-685-2415 (TTY/TDD 711).

ຖ້າພາສາອັງກິດບໍ່ແມ່ນພາສາກຳເນີດຂອງເຈົ້າ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ. ໂທຫາ 1-877-685-2415 (TTY/TDD 711).

ພວກເຮົາຈະສະໜອງຂໍ້ມູນທີ່ມີຢູ່ໃນເອກະສານສະບັບນີ້ດ້ວຍປາກເປົ່າ

ຫຼືເປັນລາຍລັກອັກສອນໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ, ສະໜອງການເຂົ້າເຖິງການບໍລິການການຕີຄວາມໝາຍໃຫ້ທ່ານ, ແລະຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດມີໃນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。1-877-685-2415 (TTY/TDD 711)に電話してください。英語が母国語でない方はご相談ください。1-877-685-2415 (TTY/TDD 711)に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。

Notice of Non-Discrimination

Trillium Health Resources (Trillium) complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. Trillium does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Trillium provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Trillium provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-877-685-2415 (TTY/TDD 711 or 1-800-735-2962). If you believe that Trillium has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Trillium Health Resources
201 West First St.
Greenville, NC 27858

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **online:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **by mail:**
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201; or
- **by phone:** 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at hhs.gov/ocr/complaints/index.html

YOUR TRILLIUM HEALTH RESOURCES (TRILLIUM) QUICK REFERENCE GUIDE

I WANT TO:	I CAN CONTACT:
Find a provider, or mental health, substance use disorder, intellectual and developmental disability (I/DD) or traumatic brain injury (TBI) service	Member and Recipient Services at 1-877-685-2415.
Get this handbook in another format or language	Member and Recipient Services at 1-877-685-2415 or for TTY dial 711.
Keep track of my appointments and services	Member and Recipient Services at 1-877-685-2415.
Get help to deal with thoughts of hurting myself or others, distress, severe stress or anxiety, or any other behavioral health crisis	Behavioral Health Crisis Line at 1-888-302-0738, at any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.
Understand a letter or notice I got in the mail from my health plan File a complaint about my health plan Get help with a recent change or denial of my health care services	Member and Recipient Services at 1-877-685-2415.
Update my address	Member and Recipient Services at 1-877-685-2415.
Find my plan's provider directory or other general information about my plan	Visit our website at TrilliumHeathResources.org or call Member and Recipient Services at 1-877-685-2415.

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Adult Care Home: A licensed residential care setting with seven or more beds for elderly or disabled people who need some additional supports. These homes offer supervision and personal care appropriate to the person's age and disability.

Advance Directive: A written set of directions about how medical or mental health treatment decisions are to be made if you lose the ability to make them for yourself.

Appeal: If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." Appeals and grievances are different.

Behavioral Health Care: Mental health and substance use disorder treatment and recovery services.

Beneficiary: A person who is receiving Medicaid.

Benefits: A set of health care services covered by your health plan.

Case Agreement:

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food and safe housing.

Care Manager: A specially trained health professional who works with you and your service providers to make sure you get the right care when and where you need it.

Some adults and children with I/DD and TBI conditions who do not have Medicaid may be eligible to have a Care Manager. Trillium will match you to a Care Manager who has specialized training to meet your needs and works for Trillium.

Complaint: Dissatisfaction about your health plan, provider, care or services. Contact your plan and tell them you have a "complaint" about your services. Complaints and appeals are different.

Covered Services: Services that are provided by your health plan.

County Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid and other assistance programs.

Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the State Division of Social Services, the Division of Aging and Adult Services and other health and human services agencies. The NCDHHS website is ncdhhs.gov.

Emergency Department Care (Emergency Room Care): Care you receive in a hospital if you are experiencing an emergency medical condition.

Emergency Medical Condition: A situation in which your life could be threatened or you could be hurt permanently if you do not get care right away.

Emergency Services: Services you receive to treat your emergency medical condition.

Health Insurance: A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.

Innovations Waiver: Special federal program designed to meet the needs of people with intellectual or developmental disabilities (I/DD) who prefer to get long-term services and supports in their home or community rather than in an institutional setting.

Institution: An institution is a health care facility or setting that may provide physical and/or behavioral supports. Some examples include but are not limited to, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Skilled Nursing Facility (SNF) and Adult Care Home (ACH).

Legal Guardian or Legally Responsible Person: A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical, behavioral health and other health services for Medicaid beneficiaries. In North Carolina, there are three types of managed care plans.

Medicaid: Medicaid is a health insurance program. The program helps families or individuals who have low income or serious medical problems. It is paid with federal and state dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your county's Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and

protections. See the websites below for more information about Medicaid and your rights:

[medicaid.ncdhhs.gov/](https://www.ncdhhs.gov/medicaid) and [medicaid.ncdhhs.gov/medicaid/your-rights](https://www.ncdhhs.gov/medicaid/your-rights)

Medically Necessary: Medical services, treatments or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member and Recipient Services: A phone number you can call to speak to someone and get help when you have a question. The number for Trillium is 1-877-685-2415 or for TTY dial 711.

Network (or Provider Network): A group of service providers, hospitals, and other health professionals who have a contract with your health plan to offer State-Funded Services for recipients.

Participant/Individual/Member: A person enrolled in and covered by a health plan.

Physician: A person who is qualified to practice medicine.

Plan (or Health Plan): The organization providing you with health care services.

Prior Authorization or Preauthorization: Approval you must have from your health plan before you can get or continue getting certain health care services or medicines.

Recipient: An individual who is getting a state-funded service or state-funded additional support (like care management or community inclusion services).

Referrals: A documented order from your provider for you to receive certain State-Funded Services.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Service Limit: The maximum amount of a specific service that can be received.

Standard Plan: A Standard Plan is a North Carolina Medicaid health plan that offers physical health, pharmacy, care management and basic mental health and substance use services for members. Standard Plans offer added services for members who qualify. Some added services may be different for each Standard Plan.

State-Funded Core Services: State-Funded Services that all Tailored Plans must offer.

State-Funded Non-Core Services (Additional Services): Additional State-Funded Services that Tailored Plans can choose to offer.

State-Funded Services: Refers to services for mental health, I/DD, TBI and substance use that are funded by the state or federal government outside of Medicaid, and include core services and non-core services.

Substance Use Disorder: A medical disorder that includes the misuse of or addiction to alcohol and/or legal or illegal drugs.

Traumatic Brain Injury Waiver (TBI Waiver): Special federal program that provides long-term services and supports to allow people who experienced a traumatic brain injury (TBI) on or after their 18th birthday to remain in their homes and communities. The Tailored Plan providing services in Cumberland, Durham, Johnston, and Wake counties manages this special program. The NC TBI Waiver does not operate in all geographic areas of the state.

Urgent Care: Care for a health condition that needs prompt medical attention but is not an emergency medical condition. You can get urgent care in a walk-in clinic for a non-life-threatening illness or injury.

WELCOME TO TRILLIUM'S NORTH CAROLINA STATE-FUNDED SERVICES PROGRAM

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NC State-funded Services

This handbook will help you understand the State-Funded Services available to you. You can also call Member and Recipient Services with questions at 1-877-685-2415 or visit TrilliumHealthResources.org.

State-funded Services Overview

Trillium manages State-Funded Services for people who live in our coverage area who do not have insurance or who need services that are not available to them in their health plans. State-Funded Services are services for mental health, intellectual or developmental disability (I/DD), traumatic brain injury (TBI) and substance use disorders that are funded by the state or federal government outside of Medicaid. This guide has information to help you get State-Funded Services if you need them. You may be eligible for State-Funded Services if you do not have health insurance or if you have health insurance, including Medicaid, that does not cover all your needs. State-Funded Services are limited by the availability of state funding.

How to Use This Handbook

This handbook is your guide to State-Funded Services offered by Trillium.

When you have questions about State-Funded Services, you can:

- Use this handbook
- Ask your care manager or case manager
- Call Member and Recipient Services at 1-877-685-2415 or for TTY dial 711
- Visit our website at TrilliumHealthResources.org

Help from Member and Recipient Services

Member and Recipient Services has people to help you. You can call Member and Recipient Services at 1-877-685-2415 or for TTY dial 711.

- In case of a medical emergency, call 911.

- For help with non-emergency issues and questions, call Member and Recipient Services Monday – Saturday, 7 a.m. to 6 p.m. For calls received after hours, you will have an option to leave a voicemail. Trillium Member and Recipient Services staff will return all calls received after hours on the next business day.
- **You can call Member and Recipient Services to get help when you have a question.** Call us to ask about services, eligibility for State-Funded Services, to get help with referrals or ask about any change that might affect you or your family's benefits.
- **If English is not your first language, we can help.** Just call us and we will find a way to talk with you in your own language.

Other Ways We Can Help

If you are experiencing thoughts of hurting yourself or others, or emotional or mental pain or distress, call the Behavioral Health Crisis Line at 1-888-302-0738 at any time, 24 hours a day, 7 days a week, to speak with someone who will listen and help. This is a free call. We are here to help you with problems like stress, depression or anxiety. We can get you the support you need to feel better. **If you are in danger or need immediate medical attention, call 911.**

For People with Hearing, Vision or Speech Disabilities

You have the right to receive information about your health plan, care and services in a format that you can understand and access. Trillium provides free services to help people communicate effectively with us. See below for specific information on some types of accommodations:

For People with Hearing Loss

If you are deaf, hard of hearing or deaf-blind or you feel that you have difficulty hearing and need help communicating, there are resources available to assist you. These include but are not limited to:

- Qualified American Sign Language interpreters
- Certified deaf interpreters
- Communication Access Realtime Translation (CART) captioning
- Personal amplification listening devices (ALDs) for your use
- Staff trained to handle your relay service calls (videophone, captioned phone and TTY)

For People with Vision Loss

If you have vision loss, resources available to help you include, but are not limited to:

- Written materials in accessible formats (such as large print, Braille, audio, accessible electronic format)

For People with Speech Disabilities

If you have a speech disability, some services may include, but are not limited to:

- Speech-to-Speech Relay (STS)
- Artificial larynx

For People with Multiple Disabilities

Access needs for people with disabilities vary. Special aids and services are provided free of charge.

Other Special Aids and Services for People with Disabilities

- Help making or getting to appointments
- Care managers who can help you get the care you need
- Names and addresses of providers who specialize in your condition
- If you use a wheelchair, we can tell you if a doctor's office is wheelchair accessible and assist in making or getting to appointments
- Easy access to and from services (like ADA accessible, ramps, handrails and other services)

To ask for services, call Member and Recipient Services at 1-877-685-2415 or for TTY dial 711.

Trillium complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, disability or sex. If you believe that Trillium failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member and Recipient Services at 1-877-685-2415 or for TTY dial 711. If you have issues that you have been unable to resolve with Trillium, you may contact the NC Medicaid Ombudsman at **1-877-201-3750** or ncmedicaidombudsman.org.

How Can I Get State-funded Services?

You can call Member and Recipient Services at 1-877-685-2415 to find out whether you are eligible to get State-Funded Services, get connected to a State-Funded Services provider or obtain answers to any other questions you may have. You can also get translation services in your native language or an interpreter.

If you have thoughts of hurting yourself or others, or have severe distress or anxiety, call the Behavioral Health Crisis Line at 1-888-302-0738 any time, 24 hours a day, 7 days a week. If you are in danger or need immediate medical attention, call 911.

All people living in Trillium's coverage area are eligible to receive crisis services listed under "What Services are Available?"

Trillium uses the state's criteria for determining if a person is eligible to receive State-Funded Services.

For Behavioral Health (BH) services:

1. Recipient's income is less than or equal to 300% of the federal poverty level.
2. Recipient is uninsured or underinsured (has third-party insurance, including Medicaid) that:
 - a. Does not cover the state-funded service and has no alternative, clinically appropriate service available under the third-party or Medicaid coverage; or
 - b. Covers the state-funded Substance Use Disorder (SUD) service, but associated cost-sharing is unaffordable thus preventing the recipient from engaging in treatment
3. Recipient utilizing state funds are encouraged to apply for North Carolina Medicaid coverage.

For Intellectual and Developmental Disabilities (I/DD) and Traumatic Brain Injury (TBI) Services:

1. No specified income limitation.
2. Recipient is uninsured or underinsured (has third-party insurance including Medicaid) that does not cover the state-funded service and there is no alternative, clinically appropriate service available under the third-party or Medicaid coverage.
3. Recipient has applied for North Carolina Medicaid coverage.

Eligibility criteria is not applicable to Behavioral Health crisis services and detoxification as reflected in Department of Health and Human Services (DHHS) guidelines.

Eligibility criteria may be waived at the instruction of DHHS to support the state's coordinated response to a disaster or state of emergency.

North Carolina Medicaid beneficiaries that are members of Standard Plans are not eligible to utilize State-Funded Services.

If at any time Trillium decides to propose its own eligibility criteria for state funded services, Trillium will solicit feedback and approval from their Consumer and Family Advisory Committee (CFAC) at their regularly scheduled meeting and DHHS.

State-Funded Services are not an entitlement and funding is limited. This means that even if you are eligible to receive services, you may not be able to get services if there are not enough funds. If this happens, you may be put on a waiting list by the Trillium until additional funds are available. If you are pregnant and using drugs or alcohol, or are a person who injects drugs, you may be able to get help while you wait for services. Please contact your care manager or Member and Recipient Services at 1-877-685-2415 to let them know about any pregnancy and/or substance use.

What Services Are Available?

Trillium covers services for adults and children with mental health, substance use disorder (SUD), intellectual or developmental disabilities (I/DD) and/or traumatic brain injury (TBI) needs subject to available funding.

LIST OF AVAILABLE BEHAVIORAL HEALTH, I/DD AND TBI SERVICES		
Type of Service	Core Services (Available in all regions)	Non-Core (Additional Services) included in your plan
Covered Across All Service Types	<ul style="list-style-type: none"> • Diagnostic assessment • Facility-based crisis for adults • Inpatient behavioral health services, including 3-way contract beds • Mobile crisis management • Outpatient services 	<ul style="list-style-type: none"> • Behavioral Health Urgent care • Facility Based Crisis for Adolescents and Children
Adult Mental Health	<ul style="list-style-type: none"> • Assertive community treatment (ACT) • Assertive engagement • Case management • Community support team (CST) • Peer supports • Psychosocial rehabilitation • Mental health recovery residential services • Individual Placement and Support-Supported employment (IPS-SE) • Transition management service • Critical Time Intervention • Behavioral Health Comprehensive Case Management 	<ul style="list-style-type: none"> • Partial Hospitalization

LIST OF AVAILABLE BEHAVIORAL HEALTH, I/DD AND TBI SERVICES

Type of Service	Core Services (Available in all regions)	Non-Core (Additional Services) included in your plan
Child Mental Health	<ul style="list-style-type: none"> • High fidelity wraparound (HFW) • Intensive In-Home • Multi-systemic Therapy • Respite • Assertive Engagement 	<ul style="list-style-type: none"> • Mental Health Day Treatment
I/DD and TBI	<ul style="list-style-type: none"> • Residential services • Day Supports Group • Community Living and Supports • Supported Living Periodic • Supported employment • Respite 	<ul style="list-style-type: none"> • TBI Long Term Residential Rehabilitation Services •
Substance Use Disorder-Adult	<ul style="list-style-type: none"> • Ambulatory detoxification • Assertive engagement • Case management • Clinically managed population-specific high intensity residential services • Outpatient opioid treatment • Non-hospital medical detoxification • Peer supports • Substance use residential services and supports • Substance abuse halfway house 	<ul style="list-style-type: none"> • Social Setting Detoxification • Respite

LIST OF AVAILABLE BEHAVIORAL HEALTH, I/DD AND TBI SERVICES

Type of Service	Core Services (Available in all regions)	Non-Core (Additional Services) included in your plan
	<ul style="list-style-type: none"> • Substance abuse comprehensive outpatient treatment • Substance abuse intensive outpatient program (SAIOP) • Substance abuse medically monitored community residential treatment • Substance abuse non-medical community residential treatment • Individual Placement and Support-Supported employment (IPS-SE) • Community Support Team • Behavioral Health Comprehensive Case Management 	
Substance Use Disorder - Child	<ul style="list-style-type: none"> • Multi-systemic therapy • SAIOP • Substance use residential services and supports • High fidelity wraparound (HFW) • Assertive engagement 	<ul style="list-style-type: none"> • Intensive in-home • Day Treatment Child and Adolescent • Respite

CRISIS SERVICES	
Behavioral Health Crisis Services	Substance Use Disorder Crisis Services
<ul style="list-style-type: none"> • Mobile crisis management • Facility-based crisis (for children and adolescents) • Professional treatment services in a facility-based crisis program 	<ul style="list-style-type: none"> • Ambulatory detoxification • Non-hospital medical detoxification • Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

APPOINTMENT GUIDE	
IF YOU CALL FOR THIS TYPE OF SERVICE:	YOUR APPOINTMENT SHOULD TAKE PLACE:
Mental Health	
Routine services	within 14 days
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic
Mobile crisis management services	within 2 hours
Substance Use Disorders	
Routine services	within 48 hours
Urgent care services	within 24 hours
Emergency services (services to treat a life-threatening condition)	Go to hospital emergency department immediately (available 24 hours a day, 365 days a year) or go to urgent care clinic

If you are not getting the care you need within the time limits described above, call Member and Recipient Services at 1-877-685-2415.

Copayments

A “copay” is a fee you pay when you get certain health care services from a provider. Eligible Trillium recipients receiving State-Funded Services may not have to pay a copay to their provider.

Service Authorization and Actions

Trillium will need to approve most state-funded treatments and services before you receive them. This is called **preauthorization**. Trillium may also need to approve some treatments or services for you to continue receiving them.

Asking for approval of a treatment or service is called a **service authorization request**. The list of treatments or services that need a service authorization may change over time. A current list of these services can be found on the Trillium website at trilliumhealthresources.org/for-providers/benefit-plans-service-definitions. To get approval for these treatments or services you need to:

Work with your provider to submit an electronic Service Authorization Request (SAR) through Provider Direct, the Trillium Business Platform (TBS). If your provider is unable to access TBS, providers can fax SAR’s to Trillium Health Resources at 252-215-6875; email SAR’s to UM@Trilliumnc.org or mail SAR’s to Trillium Health Resources, 201 W 1st Street, Greenville, NC 27858.

What happens after we get your service authorization request?

You must get the services that need a service authorization from providers who are in Trillium’s State-Funded Services network. Call Recipient Services at 1-877-685-2415 if you have questions or need help. Trillium uses a group of qualified health care professionals for reviews. Their job is to be sure that the service you ask for is covered by our plan and that it will help with your condition. Trillium’s nurses, doctors and behavioral health clinicians will review your provider’s request.

Trillium uses policies and guidelines approved by the North Carolina Department of Health and Human Services (NCDHHS) to see if the service is medically necessary. Trillium will let you know within 14 days of your request if one of the above services is approved. You can also request a faster review, called an expedited review, in which case Trillium will let you know within 3 days.

Sometimes Trillium may deny or limit a request your provider makes. This decision is called “utilization management review decision.”

If you receive a denial, reduction, suspension or termination of services and you do not agree with our decision, you may ask for an “appeal.” You must submit an appeal in writing for State-Funded Services. See the appeals section on page 27 for more information on appeals.

There are some treatment and services that do not require preauthorization. Crisis services usually do not require preauthorization. The list of services that do not require a service authorization can change.

A current list of services that do not require preauthorization can found on Trillium's website at trilliumhealthresources.org/for-providers/benefit-plans-service-definitions.

- Opioid Treatment
- Evaluation and Management
- Diagnostic Assessment
- Assertive Engagement
- Child First
- Developmental Day

The following state funded services do not require preauthorization **before** you receive the service; however, preauthorization is required to **continue** the service:

- Halfway House
- SACOT
- SAIOP
- Facility Based Crisis (FBC)
- Outpatient Therapy
- Partial Hospitalization
- Mobile Crisis Management
- Peer Support
- Supported Employment

Traumatic Brain Injury (TBI) State-Funded Services

The Traumatic Brain Injury (TBI) State-Funded Services program providers' services and supports to individuals with TBI. Services include, but are not limited to, residential supports, day programs, transportation, therapy, respite, assistive technology and home modifications. For more information please contact Member and Recipient Services at 1-877-685-2415.

Extra Support to Manage Your Health (Care Management and Case Management)

Managing your health care alone can be hard, especially if you are dealing with many health problems at the same time. If you need extra support to get and stay healthy, we can help.

- **Case Management for Adults and Children with Behavioral Health Needs.** Some adults and children who have mental health and substance use disorder needs, but do not have Medicaid, may be eligible to get case management services. A case manager is a specially trained behavioral health care worker who helps you and your health care providers to make sure you get the right care when and where you need it. The case manager knows what resources are available in your community and will work with local providers to get you the help you need.
- **Care Management for Adults and Children with I/DD and TBI.** Some adults and children who have I/DD and TBI conditions, but do not have Medicaid, may be eligible to have a care manager who works for Trillium. If you qualify, Trillium will match you to a care manager that has specialized training to meet your needs.

If you are eligible to receive case management or care management services, you may not be able to get services if funding has been used. If this happens, you may be put on a waiting list by the Trillium until additional funds are available.

Your case manager or care manager can:

- Help arrange your appointments and share resources on public transportation to and from your provider.
- Support you in reaching your goals to better manage your ongoing behavioral health, I/DD or TBI conditions.
- Answer questions about what your medicines do and how to take them.
- Follow up with your providers about your care.
- Connect you to helpful resources in your community.
- Help address any concerns with services received.
- Provide referrals, information and help in getting low-cost or free medical services (federally qualified health centers and rural health centers, community-based resources and social support services).

To help you manage your behavioral health, I/DD or TBI care needs, your case manager or care manager will ask about your concerns and create a plan with your input that lists your specific goals and ways to reach them. The plan will also list services in the community that can help you reach your health goals.

To learn more about how you get can extra support to manage your health, call Member and Recipient Services at 1-877-685-2415.

Tobacco Cessation

Cigarette smoking is the leading cause of preventable death in the United States for this reason Trillium is committed to assisting recipients with Tobacco Cessation. Trillium will be offering a Tobacco Cessation Program that will identify recipients who are tobacco users and will implement educational resources, targeted care planning activities and treatment plans for recipients most at risk and with other specialized needs. The Trillium care management team supports recipients to enroll in the tobacco cessation program by explaining the benefits of the program, offering an assessment, and identifying the appropriate Tobacco Cessation options for the recipient. Trillium has partnered with the Quitline NC to assist with outreach activities for recipients.

Community Inclusion

You may require services and supports that are provided in long-term facility settings, such as a psychiatric hospital or adult care home. You may be eligible for extra support from Trillium to move to or remain in the community. Trillium will reach out to you if you live in these types of facilities to see whether you qualify for extra support and explain the choice you have to leave these facilities and live in community settings. Trillium will work with you if you choose to leave these types of facilities to create a plan to receive services in your homes and communities. Trillium staff will work with you to prepare you for the move. The staff will connect individuals with behavioral health needs to case management and individuals with I/DD or TBI needs to a care manager once you move to the community to make sure you have the right services and supports.

Diversion

Trillium will provide diversion interventions to eligible members who are at risk of requiring supports in an institutional setting or adult care home (ACH). We will work with you to provide information on and access to community-based services. For those who choose to remain in the community, we will work with you to create a Community Integration Plan (CIP) to ensure this decision was based on informed choice, and to provide services and support, including permanent supported housing as needed.

System of Care

Trillium will use the System of Care model to support children and youth receiving behavioral health services. North Carolina's System of Care model brings together a group of community-based services, including those provided by the Trillium and those provided through schools and other state agencies,

such as juvenile justice or child welfare. System of Care Family Partners are available to support families to ensure the services that a child and their family are receiving are coordinated and address the specific needs and strengths of both child and family. Family Partners can also work with families on the development of care plans. For more information, families can reach out to Member and Recipient Services at 1-877-685-2415. Families may also reach out to their local System of Care Community Collaborative at SOC@trilliumnc.org to learn about local resources for state-funded service recipients.

If You Have Problems with Your Health Plan's State-funded Services, You Can File a Complaint

We hope Trillium serves you well. If you are unhappy or have a complaint with any of your state-funded behavioral health, intellectual or developmental disability (I/DD) or traumatic brain injury (TBI) State-Funded Services, case manager, Trillium or your service provider, you may call Member and Recipient at 1-877-685-2415 or write to 201 West First St, Greenville, NC 27858.

Contacting us with a complaint means that you are unhappy with Trillium your provider or your services. Most problems like this can be solved right away. Whether we solve your problem right away or need to do some work, we will record your call, your concern and our solution. We will inform you that we have received your complaint in writing. We will also send you a written notice when we have finished working on your complaint.

You can ask a family member, friend, your provider or a legal representative to help you with your complaint. If you need our help because of a hearing or vision impairment, or if you need translation services or help filing out any forms, we can help you.

You can contact us by phone, electronically or in writing:

- **PHONE:** Call Member and Recipient Services at 1-877-685-2415, Monday – Saturday, 7:00 a.m. – 6:00 p.m. After business hours, you may leave a message.
- **MAIL:** You can write us with your complaint to 201 West First St., Greenville, NC 27858.

ELECTRONICALLY: You may submit a complaint online at TrilliumHealthResources.org/member-recipient-portal

Resolving Your Complaint

We will let you know in writing that we got your complaint within 5 business days of receiving it. Our letter will also let you know whether we will address the complaint informally or by conducting an investigation. If you do not agree with the resolution of the complaint, you may file an appeal.

- **Informal Resolution Process:** If we address the complaint informally, we will review your complaint and tell you in writing how we resolved it within 15 business days from receiving your complaint. If you do not agree with the resolution/outcome of the complaint, you may file an appeal with Trillium within 15 working days from the date of the informal resolution letter.
- **Investigation Process:** If we do an investigation of your complaint, we will complete the investigation with 30 days from receiving your complaint and tell you in writing how we resolved it within 15 days of completing the investigation. If you do not agree with the investigation report, you may file an appeal if the investigation report within 21 calendar days. The appeal for an investigation is limited to items identified in the original complaint record and the investigation report.

The Health Plan will convene a review committee to review the appeal and Trillium will issue a written decision based on the appeal committee's decision to uphold or overturn the findings of the investigation.

You can ask a family member, a friend, your provider or a legal representative to help you with your appeal. The decision letter shall be dated within 28 calendar days from receipt of the appeal for an investigation or within 20 working days from receipt of the appeal of an informal decision.

You may also contact the Customer Service and Community Rights (CSCR) Team of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) toll-free at 855-262-1946, by phone at 984-236-5300 or email at dmh.advocacy@dhhs.nc.gov. The CSCR team will work with you and the Health Plan for any possible options for services.

Appeals

Sometimes Trillium may decide to deny, suspend, reduce or terminate a request your provider makes for you for State-Funded Services offered by our plan. You will receive a letter from Trillium notifying you of any decision to deny, suspend, reduce or terminate a service request your provider makes. The letter will include information regarding the reason for the decision and any available options while the appeal is under review. State-Funded Services recipients have the right to appeal decisions to deny, suspend, reduce or terminate their services. Trillium must receive the recipient's appeal in writing within 15 working days from the date on the notification letter.

When you ask for an appeal, Trillium has 7 working days to give you an answer. You can ask a family member, a friend, your provider or a legal representative to help you with your appeal. You or your legal guardian can ask for an appeal. You can call Trillium at 1-877-685-2415 or visit trilliumhealthresources.org/for-individuals-families/appeals-grievances if you need help with your appeal request. It's easy to ask for an appeal by using one of the options below:

- **MAIL:** Fill out and sign the appeal request in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **FAX:** Fill out, sign and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax number listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.
- **EMAIL:** Fill out, sign, and email the Appeal Request Form in the notice you receive about our decision. You will find the email listed on the form. We must receive your form no later than 15 working days after the date on the notification letter.

To appeal the reduction, suspension, termination or denial of Non-Medicaid benefits, you must complete and return the Non-Medicaid Services Appeal Form (included in the notice of decision mailed to you) to any of the following within 15 business days of the date of your notice of decision. Your provider cannot file the appeal for you. Trillium allows recipients to submit information related to their appeal requests, including any documents, records, written comments, or other comments that may be helpful in processing the appeal.

Send the form:

By fax: 252-215-6879

By mail: Trillium Health Resources, Attn: Appeals Coordinator
201 West First Street, Greenville, NC 27858

Timelines for Utilization Management Service Appeals

Trillium will make a decision on your appeal within 7 business days from the day we get your appeal request. We will mail you a letter to tell you about our decision.

Decisions on Appeals

If you do not agree with our decision, you can ask for an appeal with the State Non-Medicaid Appeals Panel. The "State Non-Medicaid Appeals Panel" is part of the NC Department of Health and Human Services (NCDHHS) Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). The request for an NCDHHS-level appeal must be received within 11 calendar days from the date on the letter from Trillium.

State Non-Medicaid Appeals Panel

The State Non-Medicaid Appeals Panel will review your request and will issue their findings and decisions. The Director from Trillium will issue a final written decision on your request based on the State Non-Medicaid Appeals Panel's findings. We make a final decision within 10 days receiving the Panel's findings.

If you disagree with the appeal decision, you may file an appeal with the N.C. Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to request a Non-Medicaid appeal hearing within 11 calendar days of the appeal decision letter date. To file an appeal with DMH/DD/SAS, you must mail or fax a completed Non-Medicaid Appeal Request Form:

By mail: DMH/DD/SAS Hearing Office

c/o Customer Service and Community Rights

Mail Service Center 3001

Raleigh, NC 27699-3009

Phone number: 1-984-236-5300

By fax: 919-733-4962

The State Non-Medicaid Appeal Request Form is included in the decision letter. Remember: DMH/DD/SAS must receive the request form no later than 11 days from the date of the Trillium appeal decision letter. Appeals are heard by a DMH/DD/SAS hearing officer. If you have questions about the DMH appeal process, please call DMH/DD/SAS at 1-984-236-5300.

Upon receipt of an appeal request, DMH/DD/SAS will:

- Review the appeal to determine your eligibility to appeal
- Accept or deny the appeal. If the appeal is accepted, the office will contact you to schedule a State Non-Medicaid appeal hearing (with at least 15 days notice of the date of the hearing)
- Request documentation from Trillium used in the initial decision and appeal

The State Non-Medicaid appeal hearing:

- Is conducted by a DMH/DD/SAS hearing officer
- Is conducted in person
- Is scheduled for 2 hours
- Is attended by the appellant (recipient who filed the appeal) and/or his or her representatives
- Is attended by one or more Trillium representatives

Within 60 days of the written request for appeal, the Hearing Officer will issue a written decision that includes findings to you or your legal representative and the Trillium Chief Executive Officer. Within 10 calendar days of receipt of the hearing officer's findings, Trillium will issue and send a written final decision to you or your legal representative.

Trillium ensures recipients are not discouraged, coerced (forced) or misinformed (given wrong information) regarding the type, amount and duration (length) of services they may request. In addition, Trillium does not discourage, coerce (force) or misinform (give wrong information) to members about the right to appeal the denial, reduction, or termination (stopping) of a service.

Continuation of Services During an Appeal

Sometimes Trillium's decision reduces or stops a health care service you are already getting. You can ask to continue this service without changes until your appeal is finished. Trillium is not required to continue this service. If you want to receive interim Non-Medicaid services during the appeal process, you may request the interim services with your appeal.

Recipient Rights and Responsibilities

As a Trillium recipient of State-Funded Services, you have certain rights. Trillium will respect your rights and make sure that no one working for our plan, or any of our providers, will prevent you from using your rights. Also, we will make sure that you are aware of your responsibilities as a Trillium recipient of State-Funded Services. For a full list of your rights and responsibilities as a recipient of Trillium visit our website at trilliumhealthresources.org/for-individuals-families/your-rights-privacy or call Member and Recipient Services at 1-877-685-2415 to get a copy.

Your Rights

As a Trillium recipient of State-Funded Services, you have a right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, sexual orientation or gender identity.
- Discuss any concerns about services without fear of retaliation.
- Have your plan of care fully explained to you.
- Give your approval for any treatment or plan of care.
- Be told of your options when getting services so you or your guardian can make an informed choice.
- Refuse care and be told what you may risk if you do, except for emergency situations including any involuntary commitment.

- Receive information on available treatment options.
- Ask, if needed, that your medical record be amended or corrected.
- Be sure your medical record is private and will not be shared with anyone except as required by law, contract or with your approval.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your Responsibilities

As a Trillium recipient of State-Funded Services, you agree to:

- Treat health care staff with respect.
- Tell us if you have problems/concerns with any health care staff by calling Member and Recipient Services at 1-877-685-2415.
- Keep your appointments. If you must cancel, call as soon as you can.

Advance Directives

There may come a time when you become unable to make decisions about your own health care. If this happens, you may want a family member or other person close to you making decisions on your behalf. By planning in advance, you can arrange now for your wishes to be carried out. An advance directive is a set of written directions you give about the health care you want if you ever lose the ability to make decisions for yourself.

Making an advance directive is your choice. If you become unable to make your own decisions, and you have no advance directive, your doctor or behavioral health provider will consult with someone close to you about your care. Discussing your wishes for medical and behavioral health treatment with your family and friends now is strongly encouraged, as this will help to make sure you get the level of treatment you want if you can no longer tell your doctor or other physical or behavioral health providers what you want.

North Carolina has three ways for you to make a formal advance directive. These include living wills, health care power of attorney and advance instructions for mental health treatment.

Living Will

In North Carolina, a **living will** is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time.

- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness.
- Have advanced dementia or a similar condition which results in a substantial loss of attention span, memory, reasoning and other brain functions, and it is highly unlikely the condition will be reversed.

In a living will, you can direct your doctor not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will goes into effect only when your doctor and one other doctor determine that you meet one of the conditions specified in the living will. You are encouraged to discuss your wishes with friends, family and your doctor now, so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A **health care power of attorney** is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself. You can always say what medical or behavioral health treatments you would want and not want. You should choose an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An **advance instruction for mental health treatment** is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later become unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

Forms You Can Use to Make an Advance Directive

You can register your advanced directive with the NC Secretary of State's Office so that your wishes will be available to medical professionals. You can find the advance directive forms at sosnc.gov/ahcdr. The forms meet all the rules for a formal advance directive. For more information, you can also call 919-807-2167 or write to:

Advance Health Care Directive Registry
Department of the Secretary of State
P.O. Box 29622
Raleigh, NC 27626-0622

You can change your mind and update these documents any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you cannot speak for yourself. Talk to your health care provider, or call Member and Recipient at 1-877-685-2415 if you have any questions about advance directives.

Concerns About Abuse, Neglect and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of them (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult **must** be report these concerns to the local Department of Social Services (DSS). The local DSS can be found at ncdhhs.gov/localdss. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult receiving mental health, substance use disorder, intellectual or developmental disability services (I/DD) or traumatic brain injury (TBI) services from an unlicensed staff to the local DSS and the Healthcare Personnel Registry Section of the North Carolina Division of Health Service Regulation for a possible investigation. The link to Healthcare Personnel Registry Section is ncnar.ncdhhs.gov/index1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, contact Member and Recipient Services at 1-877-685-2415 or for TTY dial 711.

Fraud, Waste and Abuse

If you suspect that someone is committing fraud associated with State-Funded Services, report it. For example, a provider or a clinic billing for services that were not provided or were not medically necessary is committing fraud.

You can report suspected fraud and abuse:

- Call the State Auditor's Waste Line at 800-730-TIPS (800-730-8477).

Important Phone Numbers

- Trillium Health Resources-Recipient Service line phone number is 1-877-685-2415 and can be reached Monday-Saturday between 7:00am and 6:00pm.
- Trillium Health Resources-Behavioral Health Crisis line phone number is 1-888-302-0738 and can be reached 24 hours a day, 7 days a week, 365 days a year.
- Trillium Health Resources Provider Support Service line phone number is 1-855-250-1539 and can be reached Monday-Saturday between 7:00 a.m. and 6:00 p.m.
- Legal Aid of North Carolina phone number is 1-866-219-LANC (5262)
- File a complaint 1-877-685-2415
- Advance Health Care Directive Registry phone number is 919-814-5400
- State Auditor Waste Line 1-800-730-TIPS (1-800-730-8477).



Call Member & Recipient Services at:
1-877-685-2415
Monday – Saturday, 7 a.m. – 6 p.m.



Corporate Headquarters
201 West First St.,
Greenville, NC 27858-5872



TrilliumHealthResources.org