






HUMAN RIGHTS COMMITTEE APPLICATION

Trillium Health Resources ensures the protection of member rights with the Human Rights Committee. As a Local Management Entity/Managed Care Organization, Trillium is required to have this committee as explained in North Carolina law (10A NCAC 27G.0504).

The Human Rights Committee will consist of member, family and provider representation. Additionally, the majority of members will be non-Governing Board members, and a reasonable effort will be made to have all applicable disability groups represented. At each meeting, the committee will review trends and data concerning:

-  Grievances
-  Complaints
-  Appeals
-  Violations (such as abuse and neglect and restrictive interventions)
-  Incident reporting (including death reporting)

This committee will meet at least quarterly.

In an effort to gain member, /family member/provider representation across the Trillium catchment area, one (1) member/family member/provider from each of the three regions will be selected by the Governing Board to serve on the Human Rights Committee.

With this in mind, Trillium Health Resources is seeking applications from members/ family members/providers interested in overseeing the implementation of human rights protections for all members receiving services through the Trillium Health Resources network.

Applications may be submitted via email to QMinfo@TrilliumNC.org fax to 252-215-6880 or delivered to the nearest Trillium office (with attention to the Quality Management Department). Once received, your application will be reviewed. Committee members will be selected by the Trillium Health Resources Governing Board.

Applicant's Name: _____

County of Residence: _____

Disability Group*: _____

Phone Number: _____

Email Address: _____

**This item pertains to the group you would like to represent based on your direct/indirect experiences with services delivered to members with Mental Health/Substance Use and/or Intellectual/ Developmental Disabilities. Please designate MH, SU, IDD or a combination.*

Please describe your qualifications for, and interest in, serving on Trillium's Human Rights Committee:

If selected, the following are terms of participation on Trillium's Human Rights Committee. Please check that you agree to the following:

I am committed to a solution-focused process.

I agree to attend all quarterly meetings by phone, or in person (if an office site is available).

I am committed to reading all materials provided by Trillium Health Resources prior to all meetings and to prepare my comments in advance.

I understand that my participation is needed to ensure the Human Rights of members are protected while in the care of Trillium Health Resources' network of providers.

I am committed to maintaining member and participant confidentiality.

I agree to be respectful of any and all opinions expressed during the Human Rights Committee meetings.

Applicant Printed Name

Applicant Signature

Date