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Network Communication Bulletin #241

To: All Providers

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VP of Network Management

Date: August 29, 2022

Subject: Amended Clinical Coverage Policy (8A-Mobile Crisis Mgmt), Free Fair Housing Training Webinars for ACTT, CST and TMS Providers, Special Fraud Alert: OIG Alerts Practitioners to Exercise Caution When Entering Into Arrangements with Purported Telemedicine Companies, Provider Notification: Trillium Health Resources Would Like to Make You Aware, New State Funded Criteria Requirement-Income Verification, Behavioral Health Screening Programs Offered to Trillium's Network Providers, Important Information Regarding the 2022 Perceptions of Care Surveys, Providing a Tobacco – Free Culture of Care Training is now available on the Provider My Learning Campus, Open Enrollment Announcement, Parents as Collaborative Leaders Training, NC TOPPS Compliance Update, NC TOPPS Training Now on the Learning Campus!, 2022 NC SNAP Examiner's Certification Schedule Virtual Training, Victory Junction, Disaster Planning, Valued Providers Seal Program, Need to Report Fraud, Waste, and Abuse?

AMENDED CLINICAL COVERAGE POLICY (8A-MOBILE CRISIS MGMT) OPEN COMMENT PERIOD

The amended Clinical Coverage Policy 8A – Mobile Crisis Management has been posted for the 45-day public comment period. The comment period will end 10/7/2022.

The policy and the [email address to submit comments](#) can be accessed at Proposed Medicaid and NC Health Choice Policies | NC Medicaid (ncdhhs.gov). Please [submit comments related to the amended service](#) to the email indicated on the webpage by 10/7/22.

FREE FAIR HOUSING TRAINING WEBINARS FOR ACTT, CST AND TMS PROVIDERS

Fair Housing Training I: This training will be offered two times on the dates listed. Please register for the appropriate session. Housing Provider sessions are intended for landlords, property management staff, and other housing providers.

Service Provider sessions are intended for LME/MCO staff, NC DHHS staff, social workers, advocates, and others who are assisting tenants.

- 🌱 September 14th, 21st, and 28th
- 🌱 October 12th and 19th
- 🌱 November 2nd and 16th

Follow the link below to register for the class that aligns with your specific training need:

- 🌱 [Fair Housing Training](#): Basic for Housing Providers
- 🌱 [Fair Housing Training](#): Basic for Service Providers

Fair Housing Training II: Advanced Fair Housing for Service Providers including LME/MCO staff and other service providers are invited to participate in *Advanced Fair Housing Training* facilitated by the NC Legal Aid Fair Housing Project. This Fair Housing Training will include the following topics: housing discrimination, eviction updates, explanation of the seven protected classes, reasonable accommodations and reasonable modifications. Attendees will also complete case studies in small groups.

October 6, October 27 and November 17

[Fair Housing Training II](#): Advanced for Service Providers

If you have difficulty using the registration link(s) please email Fredrika Murrill at fmurrill@nchfa.com

SPECIAL FRAUD ALERT: OIG ALERTS PRACTITIONERS TO EXERCISE CAUTION WHEN ENTERING INTO ARRANGEMENTS WITH PURPORTED TELEMEDICINE COMPANIES

I. INTRODUCTION

The Office of Inspector General (OIG) has conducted dozens of investigations of fraud schemes involving companies that purported to provide telehealth, telemedicine, or telemarketing services (collectively, Telemedicine Companies) and exploited the growing acceptance and use of telehealth. For example, in some of these fraud schemes Telemedicine Companies intentionally paid physicians and non-physician practitioners (collectively, Practitioners) kickbacks to generate orders or prescriptions for medically unnecessary durable medical equipment, genetic testing, wound care items, or prescription medications, resulting in submissions of fraudulent claims to Medicare, Medicaid, and other Federal health care programs. These fraud schemes vary in design and operation, and they have involved a wide range of different individuals and types of entities, including international and domestic telemarketing call centers, staffing companies, Practitioners, marketers, brokers, and others.

One common element of these schemes is the way Telemedicine Companies have used kickbacks to aggressively recruit and reward Practitioners to further the fraud schemes. Generally, the Telemedicine Companies arrange with Practitioners to order or prescribe medically unnecessary items and services for individuals (referred to here as "purported patients") who are solicited and recruited by Telemedicine Companies. In many of these arrangements, Telemedicine Companies pay Practitioners in exchange for ordering or prescribing items or services: (1) for purported patients with whom the Practitioners have limited, if any, interaction; and (2) without regard to medical necessity. Such payments are sometimes described as payment per review, audit, consult, or assessment of medical charts. Telemedicine Companies often tell Practitioners that they do not need to contact the purported patient or that they only need speak to the purported patient by telephone. In addition, Practitioners are not given an opportunity to review the purported patient's real medical records. Furthermore, the Telemedicine Company may direct Practitioners to order or prescribe a preselected item or service, regardless of medical necessity or clinical appropriateness. In many cases, the Telemedicine Company sells the order or prescription generated by Practitioners to other individuals or entities that then fraudulently bill for the unnecessary items and services.

These schemes raise fraud concerns because of the potential for considerable harm to Federal health care programs and their beneficiaries, which may include: **(1)** an inappropriate increase in costs to Federal health care programs for medically unnecessary items and services and, in some instances, items and services a beneficiary never receives; **(2)** potential to harm beneficiaries by, for example, providing medically unnecessary care, items that could harm a patient, or improperly delaying needed care; and **(3)** corruption of medical decision-making. OIG encourages Practitioners to exercise caution and use heightened scrutiny when entering into arrangements with Telemedicine Companies that have one or more of the suspect characteristics described below. This Special Fraud Alert provides information to help Practitioners identify potentially suspect arrangements with Telemedicine Companies.

II. MULTIPLE FEDERAL LAWS IMPLICATED

The schemes described above may implicate multiple Federal laws, including the Federal anti-kickback statute. The Federal anti-kickback statute is a criminal law that prohibits knowingly and willfully soliciting or receiving (or offering or paying) any remuneration in return for (or to induce), among other things, referrals for, or orders of, items or services reimbursable by a Federal health care program.² One purpose of the Federal anti-kickback statute is to protect patients from improper medical referrals or recommendations by health care professionals and others who may be influenced by financial incentives. When a party knowingly and willfully pays remuneration to induce or reward referrals of items or services payable by a Federal health care program, the Federal anti-kickback statute is violated. By its terms, the statute ascribes liability to parties on both sides of an impermissible kickback transaction. Practitioner arrangements with Telemedicine Companies may also lead to criminal, civil, or administrative liability under other Federal laws including, for example,

OIG's exclusion authority related to kickbacks, the Civil Monetary Penalties Law provision for kickbacks, the criminal health care fraud statute, and the False Claims Act. Practitioners may be personally liable for these types of arrangements, including for submitting or causing the submission of claims if they are involved in ordering or prescribing medically unnecessary items or services.

III. RECENT ENFORCEMENT EXPERIENCE

In recent years, OIG and the Department of Justice (DOJ) have investigated numerous criminal, civil, and administrative fraud cases involving kickbacks from Telemedicine Companies to Practitioners who inappropriately ordered or prescribed items or services reimbursable by Federal health care programs in exchange for remuneration. In those cases, Practitioners, Telemedicine Companies, and other participants in schemes have been held civilly, criminally, and administratively liable for: (1) paying or receiving a payment in violation of the Federal anti-kickback statute, (2) causing a submission of claims in violation of the False Claims Act, and/or (3) other Federal criminal laws. While the facts and circumstances of each case differed, often they involved at least one Practitioner ordering or prescribing items or services for purported patients they never examined or meaningfully assessed to determine the medical necessity of items or services ordered or prescribed. In addition, Telemedicine Companies commonly paid Practitioners a fee that correlated with the volume of federally reimbursable items or services ordered or prescribed by the Practitioners, which was intended to and did incentivize a Practitioner to order medically unnecessary items or services. These types of volume-based fees not only implicate and potentially violate the Federal anti-kickback statute, but they also may corrupt medical decision making, drive inappropriate utilization, and result in patient harm.

IV. SUSPECT CHARACTERISTICS

Based on OIG's and DOJ's enforcement experience, we have developed the below list of suspect characteristics related to Practitioner arrangements with Telemedicine Companies which, taken together or separately, could suggest an arrangement that presents a heightened risk of fraud and abuse. This list is illustrative, not exhaustive, and the presence or absence of any one of these factors is not determinative of whether a particular arrangement with a Telemedicine Company would be grounds for legal sanctions.

- ▲ The purported patients for whom the Practitioner orders or prescribes items or services were identified or recruited by the Telemedicine Company, telemarketing company, sales agent, recruiter, call center, health fair, and/or through internet, television, or social media advertising for free or low out-of-pocket cost items or services.
- ▲ The Practitioner does not have sufficient contact with or information from the purported patient to meaningfully assess the medical necessity of the items or services ordered or prescribed.

- 🌿 The Telemedicine Company compensates the Practitioner based on the volume of items or services ordered or prescribed, which may be characterized to the Practitioner as compensation based on the number of purported medical records that the Practitioner reviewed.
- 🌿 The Telemedicine Company only furnishes items and services to Federal health care program beneficiaries and does not accept insurance from any other payor.
- 🌿 The Telemedicine Company claims to only furnish items and services to individuals who are not Federal health care program beneficiaries but may in fact bill Federal health care programs.
- 🌿 The Telemedicine Company only furnishes one product or a single class of products (e.g., durable medical equipment, genetic testing, diabetic supplies, or various prescription creams), potentially restricting a Practitioner's treating options to a predetermined course of treatment.
- 🌿 The Telemedicine Company does not expect Practitioners (or another Practitioner) to follow up with purported patients nor does it provide Practitioners with the information required to follow up with purported patients (e.g., the Telemedicine Company does not require Practitioners to discuss genetic testing results with each purported patient).

Practitioners who enter into arrangements with Telemedicine Companies in which one or more of these suspect characteristics are present should exercise care and may face criminal, civil, or administrative liability depending on the facts and circumstances. This Special Fraud Alert is not intended to discourage legitimate telehealth arrangements.¹³ For example, OIG is aware that many Practitioners have appropriately used telehealth services during the current public health emergency to provide medically necessary care to their patients. However, OIG encourages Practitioners to use heightened scrutiny, exercise caution, and consider the above list of suspect criteria prior to entering into arrangements with Telemedicine Companies. This Special Fraud Alert does not alter any person's obligations under any applicable statutes or regulations, including those governing the billing or submission of Federal health care program claims. For more information on telehealth-related issues, please visit our website, which includes additional materials relating to the provision of telehealth. If you have information about Practitioners, Telemedicine Companies, or other individuals or entities engaging in any of the activities described above, please contact the [OIG Hotline](#) or by phone at 1-800-447-8477 (1-800-HHS-TIPS).

PROVIDER NOTIFICATION: TRILLIUM HEALTH RESOURCES WOULD LIKE TO MAKE YOU AWARE

In accordance with Service Organization Control 2 (SOC 2) compliance, Trillium Health Resources will be implementing Terms & Conditions for Provider Direct. The Terms & Conditions will be included in the September monthly release (version 5.7.2.0) on September 29, 2022.

Please reference the additional documentation for [guidance on accepting Provider Direct Terms & Conditions](#).

If you have any questions please reach out through the provider support channels.

NEW STATE FUNDED CRITERIA REQUIREMENT—INCOME VERIFICATION

Effective October 1, 2022, Trillium will require that providers verify the income of State Funded Recipients receiving Behavioral Health (BH) Services, with the exception of BH crisis services and detoxification as reflected in Department of Health and Human Services (DHHS) guidelines. State Funded Recipients receiving BH services must have income of less than or equal to 300% of the federal poverty level (<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>). This income information must be included on any New Enrollment requests for state funded services or Recipient Updates for state funded services in the “Annual Household Income” field on the forms.

BEHAVIORAL HEALTH SCREENING PROGRAMS OFFERED TO TRILLIUM’S NETWORK PROVIDERS

Trillium Health Resources has established behavioral health screening programs to assist providers and practitioners in determining the likelihood that a member has coexisting substance use and mental health disorder. These screening tools are based on evidence from research studies that have been shown to be effective in the detection of positive screening for behavioral health symptoms and can be used as part of the general assessment of a member to determine if further evaluation is needed for formal diagnostic identification and treatment planning.

1. Screening individuals who have a mental health disorder for the possible presence of a coexisting substance use disorders.
2. Very often, individuals who are treated for mental health disorders misuse substances. It commonly happens that a physician or mental health clinician will tend to address the presenting issue of symptoms and not screen for coexisting conditions which can complicate a person’s road to recovery. It is recommended that mental health clinicians, psychiatrists, and primary care physicians complete a substance use screening on every member/patient as part of their assessment process. The screening tools below have been reviewed by Trillium’s Clinical Advisory Committee, representing providers and practitioners within the Network and are being recommended for use by Trillium Health Resources Network. Here are a list of screening tools for substance use:
 - a. CAGE (Substance Abuse Screening Tool)
 - b. CAGE AID (Substance Abuse Screening Tool-Adapted to Include Drug Use)

- c. DAST (Drug Abuse Screening Tool)
 - d. AUDIT (The Alcohol Use Disorders Identification Test)
 - e. AUDIT-C (modified version of the Alcohol Use Disorders Identification Test)
- 3.** Screening individuals who have a substance use disorder for the possible presence of coexisting mental health disorders.
- 4.** The following is a list of screening instruments that can assist in identifying the onset of mental health conditions with members who are presenting with substance use issues. The screening tools have been reviewed by Trillium's Clinical Advisory Committee, representing providers and practitioners within the Network and are being recommended for use by Trillium Health Resources' Network. Here are a list of screening tools for substance use:
- a. Child Behavior checklist for ages 6-18 (CBCL/6-18)
 - b. Parent Stress Index, 4th Edition (PSI-4)
 - c. Swanson, Nolan, and Pelham Questionnaire-IV (SNAP-IV)
 - d. Patient Health Questionnaire (PHQ-9)
 - e. Generalized Anxiety Disorder-7 item scale (GAD-7)
 - f. Mood Disorder Questionnaire (MDQ)
 - g. Primary Care Post Traumatic Stress Disorder Screen for DSM-5 (PC PTSD-5)
 - h. Mental Health Screening Form-III (MHDF-III)
 - i. Kessler Psychological Stress Scale (K6)
 - j. Kessler Psychological Stress Scale (K10)

In order to access these screenings, please visit our [Behavioral Health Screening Programs](#) on our website.

IMPORTANT INFORMATION REGARDING THE 2022 PERCEPTIONS OF CARE SURVEYS

Every year Trillium Health Resources and other LME/MCOs across the state assist the North Carolina Department of Health and Human Services (DHHS) with a mandatory annual survey of members who receive Mental Health and/or Substance Use services. The survey is designed to assess member perceptions of the services they have received in the past year.

The survey results are sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) for required reporting, who then publish the results by LME/MCO in an annual report. The survey results are used to inform policy decisions designed to improve the system.

YOUR ASSISTANCE AND PARTICIPATION IS CRUCIAL TO THE SUCCESS OF THIS PROJECT

If you provide MH and/or SU services to members of any age, you may have been contacted to participate in the administration of this survey. Specific instructions were provided by Trillium staff at that time.

Survey administration options have been adapted and expanded to include use of electronic/web based and paperless surveys. These changes are intended to safeguard members and provider health and safety, and to significantly reduce burden for participating providers who assist with the survey administration. Administration of the 2022 Perceptions of Care survey has begun and will continue through September 16. Since there is a short administration period, surveys must be completed in a timely manner.

Requirements for Member Participation in the Survey:

- 🌱 Must have mental health and/or substance use diagnosis
- 🌱 Must be a Trillium member, with a Trillium member ID number
- 🌱 Can be State-funded OR Medicaid funded

As a reminder, survey administration may not be billed as a service; rather, survey participation is an element of a provider's contractual requirements with the LME/MCO, and ultimately helps to improve the quality of services for our members.

Please follow all timelines and survey administration instructions provided by Trillium. If you were asked to participate in the administration of this survey, you have already received an email. If you have any questions, please feel free to contact us at surveys@TrilliumNC.org or 1-866-998-2597 and ask for Julie McCall.

Thank you for your participation in this important survey! We look forward to working together with you to gather important information that will reflect our joint efforts to help members in our area.

PROVIDING A TOBACCO – FREE CULTURE OF CARE TRAINING IS NOW AVAILABLE ON THE PROVIDER MY LEARNING CAMPUS

1. Login to Provider My Learning Campus
2. Click on Find Learning
3. Click on Health and Wellness on the left
4. Click on Providing a Tobacco-Free Culture of Care



If you have any questions, please email TraningUnit@TrilliumNC.org and include subject line: Tobacco – Free Culture of Care Training.

OPEN ENROLLMENT ANNOUNCEMENT

Trillium, as a partner in the *NC Child and Family Improvement Initiative*, is developing a statewide network of child treatment providers to ensure that children and families engaged with DSS have continuity of care without delay or interruption when moving from one area of North Carolina to another. Trillium currently has providers located throughout NC to best meet the needs for our members, especially members who are children engaged with DSS for foster care programs, kinship placements or adoption.

Effective 7-25-22 Trillium will expand our existing statewide Network through an *Open Enrollment for Child Treatment Providers* statewide to ensure that children and adolescents have access to the services they need across NC.

Providers must be enrolled and credentialed with NC Tracks for NC Medicaid and meet service eligibility requirements, including licensure and accreditation, when applicable.

Open enrollment will close on August 31, 2022.

Please visit the Trillium Health Resources [Recruitment Opportunities webpage](#) to learn more!

PARENTS AS COLLABORATIVE LEADERS (PACL) TRAINING

The Whole Child Health Section of the N.C. Child Division of Child & Family Well-Being has assembled a group of parent leaders and trained them to facilitate the nationally recognized, research-based curriculum, Parents as Collaborative Leaders. These parents are passionate about teaching others who have children with a variety of special health care needs and/or developmental concerns to become effective leaders in their communities, at the state level, and at the national level. These trainings have been used to support parents and caregivers being more active and confident at the table in a variety of educational, medical, and community settings. The trainings are offered at no cost and will be held virtually. There will be one module held monthly.

 [PACL Flyer](#)

NC TOPPS COMPLIANCE UPDATE

Over the past couple of months, there has been effort placed into getting our network's compliance rates up to 100%. We have provided a training that goes into detail about the NC TOPPS interviews and about how compliance is calculated (found here: [NC TOPPS Training](#)); we have created routine communication by sending out reports and reminders as needed; and we are continuing the work of filling in the much needed information and correcting information for the members who are in NC TOPPS system.

This synopsis comes with great news. SFY 2022 has ended. Our main focus for the year has been on completion/receipt and timeliness of submissions of the update interviews. Here's a chart showing our rates at the beginning of the fiscal year (July 1, 2021 – September 30, 2021):

Compliance Rates for the Trillium Health Resources Network		
	Receipt of Assessments	Timeliness of Assessments
3-month update	93.6%	87.1%
6-month update	93.8%	88.1%
12-month update	96.7%	93.2%

The highlighted rates indicate that we were not meeting the Performance Contract Standard, which is 90% for all areas. These rates are directly related to the "Updates Due" emails providers receive listing updates that past due, due currently, and due within the next two weeks. These numbers highlight the importance of getting the updates done early, if not at least done by the due date. The chart below shows our rates for the last quarter (April 1, 2022 – June 30, 2022):

Compliance Rates for the Trillium Health Resources Network					
	Expected Number of Update Assessments	Receipt of Assessments		Timeliness of Assessments	
		Number of Assessments Received	Percentage of Assessments Received	Number of Assessments Received	Percentage of Assessments Received
3-month update	1,482	1,430	96.5%	1,340	90.4%
6-month update	1,612	1,572	97.5%	1,498	92.9%
12-month update	1,698	1,641	96.6%	1,595	93.9%

Our rates are showing improvement. Providers have been putting in the work and it's showing. Now, we must look ahead and focus on increasing our rates even more. While the highlighted area in this chart meets the Performance Contract Standard, it is barely meeting that standard. Timeliness is our biggest hurdle so we want to focus on working to get those rates much higher than 90%.

It says a lot about the network that we are able to have goals, meet those goals, and continue to create newer and better goals to exceed. We appreciate the work providers are putting into this and hope to continue to see growth until we're hitting 100% for each category on all the reports! Working together, we can do it!

[NC TOPPS TRAINING NOW ON THE LEARNING CAMPUS!](#)

Trillium provided a training/information session on NC TOPPS for provider agency NC TOPPS users on April 5, 2022. The training/information session included information on registering for an NC TOPPS account, QP and Data Entry user access and capabilities, Agency/Site Superuser requirements, access, and capabilities, and LME/MCO Superuser capabilities.

The training/information session also included information on Trillium's updated monitoring procedures for NC TOPPS and NC TOPPS compliance expectations. It is strongly recommended that all agency site Superusers that were not able to attend access the recording on Trillium's Provider Learning Campus. In order to access the training/information session a user must have a Provider My Learning Campus account.

If you do not have a Provider My Learning Campus account, please click on the link to submit your Provider Learning Campus Agreement Form: [Provider Learning Campus Agreement Form Request](#).

[2022 NC SNAP EXAMINER'S CERTIFICATION SCHEDULE VIRTUAL TRAINING](#)

NC-SNAP certification is available to professional ID/DD staff that is responsible for completing or reviewing NC-SNAP assessments as part of their job responsibilities. The schedule below reflects all scheduled virtual training dates for 2022. To facilitate the registration process, staff responsible for completing the NC-SNAP should contact their LME/MCO and speak to the training coordinator for assistance completing registration. The LME/MCO training coordinator will ensure that all persons requesting NC-SNAP certification have the proper credentials and are in a position that requires them to complete or review NC-SNAP assessments prior to forwarding the registration request for training. The QP is not registered for a scheduled training until he or she has received a confirmation email and Microsoft Teams invite.

Please note that typically there is a high demand for NC-SNAP certification training. All staff registered are asked to notify the training site in advance, at least 72 business hours ahead of the scheduled training, if unable to attend the scheduled training. Registered staff that do not cancel in advance and/or do not login for a scheduled training session may be prohibited from re-registering for at least sixty days. On training day participants are asked to sign into Microsoft Teams ten (10) minutes before training is to begin, training will start promptly at 1pm. NC-SNAP examiner certification require all the allotted time; In turn, **staff signing in more than five (5) minutes late will not be admitted and required to re-register for an alternative training.**

 [NC SNAP2022 Examiner's Certification Schedule Virtual Training](#)

TRILLIUM FAMILY WEEKEND AT VICTORY JUNCTION!

September 16-18, 2022 | **Application Deadline:** Tuesday, September 6, 2022

October 28-30, 2022 | **Application Deadline:** Tuesday, October 18, 2022

Get ready—the newest session for Trillium Family Weekend at Victory Junction is here! We hope our members and families will all take advantage of the inclusive environment and diverse amenities that camp has to offer and join us on a family retreat this fall in Randleman, NC.

Programming provides a unique experience for families to connect. Children of every ability can feel fully empowered and try activities adapted for every need. Victory Junction’s amazing staff and volunteers are familiar with hosting Trillium families and even special diets are accommodated. There is no cost to attend.

Open to all Trillium members and their families or natural supports, regardless of age or diagnosis. Come experience the magic of camp with us! Spots are limited! Sign the [FALL 2022 INTEREST FORM](#) today for a referral to receive a link to apply OR [check out the flyer](#) on our [Trillium Family Weekend Webpage](#) to learn about the application process!

Covid-19 Statement: For the safety of all individuals on-site, all Victory Junction staff and volunteers will be fully vaccinated against COVID-19 during Trillium Family Weekends. Victory Junction will require proof of a COVID-19 vaccination for each person attending in your party who are ages 5 and up who will be on-site during Trillium Family Weekends. For all participants under 5 years of age OR any attendee with a medical exemption against vaccination, proof of negative COVID-19 PCR test results within 72 hours prior to the start of the program will be required. An antibody/serology test will not be accepted. Masks are required for all participants during indoor activities.

Want to stay in the loop about future Family Retreat Dates? Visit the [“Trillium Health Resources”](#) and [“Trillium Direct Connect For Enrichment”](#) Facebook pages, and the [“Victory Junction”](#) page on our website for the most up-to-date announcements!

Funding made possible by
Trillium Health Resources



DISASTER PLANNING

Effectively preparing for disasters requires planning based on your personal needs. To learn more about

how to get informed, make a plan and build a kit for individuals with disabilities visit the [Ready.gov](#) website. Subscribe to [FEMA’s Office of Disability Integration and Coordination updates](#).

Roadmap2 Ready

Trillium Health Resources is focused on preparing members and provider agencies for Hurricane Season during the COVID-19 pandemic.

Disasters can happen anytime, but proactive measures can help reduce their impact. To help develop your disaster plan for hurricanes, please refer to our webpage [here](#). Our Roadmap2Ready campaign was developed by our Community Crisis and Disaster Response team with the intention of connecting members and providers to reliable resources that assist with preparing for a hurricane. Our team collaborates with state, county, and community programs within our 28 county catchment area to identify gaps and needs related to inclusive disaster response.

Please inform Trillium of any service provision or operational changes as a result of a tropical storm or hurricane by completing the **Changes to Provider Operations form**. This form is located on the [Community Crisis and Disaster Response webpage](#) under the "Provider" tab when a storm is approaching. Our goal is to stay up to date about changes to service provision and to assist with continuing to best serve members.



VALUED PROVIDERS SEAL PROGRAM

Visit the [Valued Providers Seal Program](#) web page for more information about the Contracted, Comprehensive Behavioral Health, Large Agency, Evidenced-Based Treatment, Comprehensive I/DD and Integrated Care Provider Seals.

After receiving this recognition, sharing such dedication and innovative care should be as easy as possible.

The [Valued Providers Seal Program Tool Kit](#) is designed for just that. This resource provides tips for sharing news of provider seals on websites, social media, newsletters, and emails, along with pre-written posts and messages.

Trillium can see the impact providers make on our members and communities. We hope the tool kit serves to ensure those members and communities can see it as well.

Contact us at SealProgram@TrilliumNC.org for questions about the Valued Providers Seal Program. Providers can apply for one or multiple seals!

NEED TO REPORT FRAUD, WASTE AND ABUSE?

EthicsPoint is a secure and confidential system available 24 hours a day, 7 days a week for reporting suspected violations of fraud, abuse and confidentiality breaches. You can access EthicPpoint through website submission at [EthicsPoint - Trillium Health Resources](#) or by calling toll free 1-855-659-7660.

Any questions about this Communication Bulletin *that does not already have an email listed for questions from that specific section*, may be sent to the following email: NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.