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Guide to Mental Health Counselling Services

The Guide to Mental Health Counselling Services has been developed jointly by the Non-Insured Health Benefits (NIHB) Program and the Indian Residential Schools Resolution Health Support Program (IRS RHSP). The purpose of this Guide is to outline the general and program-specific terms and conditions, criteria, guidelines and policies under which the NIHB Program's Mental Health Counselling benefit and the Individual and Family Counselling component of the IRS RHSP operate.

This Guide will be updated based on ongoing stakeholder and provider engagement and input.

In the guide you will find information regarding:

- Provider enrolment process;
- Client eligibility;
- Benefit coverage;
- Prior approval process;
- Claim submission; and
- Procedure for appeals.

**Non-Insured Health Benefit (NIHB) Program
And**

Indian Residential Schools Resolution Health Support Program (IRS RHSP)

Guide to Mental Health Counselling Services

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1.0 Introduction

1.1 Purpose of the Guide

This Guide has been jointly developed by the Non-Insured Health Benefits (NIHB) Program and the Indian Residential Schools Resolution Health Support Program (IRS RHSP). The purpose of this Guide is to outline the general and program-specific terms and conditions, criteria, guidelines and policies under which the NIHB Program's Mental Health Counselling (MHC) benefit and the Individual and Family Counselling component of IRS RHSP operate.

While NIHB and IRS RHSP use the same mental health counselling provider ("provider") enrolment process, it is important to note that the Programs differ from each other in regards to benefit delivery. This guide provides information about the Programs' common requirements for provider enrolment and an overview of the NIHB Program and IRS RHSP in regards to:

- Client eligibility;
- Client responsibilities;
- Benefit coverage;
- Prior approval process;
- Claims submission process; and
- Procedure for appeal process.

In the event that this Guide does not address questions regarding general policies, processing of payment requests, or specific conditions, the provider should contact the Programs' regional office.

Please note: NIHB sections of this Guide do not apply in British Columbia, Northwest Territories and Nunavut.

1.2 Overview of Counselling Covered by NIHB and IRS RHSP

The NIHB Program and IRS RHSP (the "Programs") operate as part of a continuum of mental wellness programs provided by the First Nations and Inuit Health Branch (FNIHB) of Indigenous Services Canada, which are linked to mental wellness services that are provided by communities, and Provinces and Territories. An overview of other FNIHB mental health programming can be found in section 7.2 of this Guide.

Note that NIHB and IRS RHSP have some differences with respect to policies and requirements. Please see the respective sections of this Guide for details.

NIHB Mental Health Counselling (MHC) Benefit

The NIHB Program's MHC benefit is intended to provide coverage for professional mental health counselling to complement other mental wellness services that may be available. Providers should make themselves aware of the current mental wellness services available in the community, and locally from the province/territory and consider linking the client to such services.

IRS RHSP Individual and Family Counselling

IRS RHSP provides eligible former Indian Residential Schools students and their families with access to mental health support services so they may safely address the broad spectrum of mental wellness issues related to the impacts of Indian Residential Schools. IRS RHSP fulfills commitments made in the 2007 IRS Settlement Agreement.

2.0 Mental Health Counselling Provider Enrolment

Enrolment of providers for NIHB and IRS RHSP is managed by the Programs' regional offices. All providers wishing a direct billing relationship with the Programs must enrol with either or both of these Programs. Providers who have clients who may be eligible for one of these programs are invited to apply for enrolment. Providers will be enrolled only if they meet the eligibility requirements.

2.1 Provider Eligibility Requirements

To be enrolled, providers must be registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province/territory in which the service is being provided. Depending on the governing legislation, this may include the following types of providers:

- Registered Psychologists;
- Registered Social Workers with clinical counselling orientation;
- Registered Psychiatric Nurses;
- Registered Psychotherapists;
- Other regulated mental health providers permitted to practice by legislation.

The provider must remain in good standing at all times to continue to be enrolled. The Programs will regularly confirm provider status with the regulatory body.

Please note: Providers may be approved to provide services in a province/territory outside of the province/territory in which they are registered with their legislated regulatory body if (1) their legislated regulatory body has the capacity of performing its functions in the province/territory where the services being requested is taking place; and (2) there are no similar legislated regulatory bodies in the province/territory where the service is being provided.

In exceptional circumstances, other providers belonging to a non-legislated entity that functions as a self-regulatory body may be enrolled. In such cases a counsellor who is certified by a non-legislated self-regulatory body may be enrolled where there are no other legislated providers enrolled with the NIHB Program and/or IRS RHSP in the vicinity and access to services is therefore limited.

2.2 Provider Enrolment Process

Enrolment Process

Providers wishing to deliver services reimbursed by NIHB and/or IRS RHSP must complete and submit a Mental Health Counselling Provider Agreement form to the Programs' regional office in the Province/Territory where they practice. A complete list of documents required for enrolment is included in the Form.

Please note: Providers must disclose any work that they do with other mental health programs or community organizations providing services to First Nations and/or Inuit.

Upon receipt of the Mental Health Counselling Provider Agreement form, the Programs will review the application for approval of eligibility.

A copy of the Mental Health Counselling Provider Agreement form may be downloaded from the NIHB website. Providers who do not have internet access may contact the Programs' regional office to request a copy by fax or mail.

Changes in Provider Information

In order to avoid delays in payment requests, and ensure delivery of communication updates via e-mail, fax, or mail, providers should notify the Programs' regional office of any changes to the information provided in the Mental Health Counselling Provider Agreement or enrolment process.

Termination of Enrolment

The provider's enrolment may be terminated at any time by either Indigenous Services Canada or the provider without cause upon providing a written notice. If providers wish to terminate their enrolment, they must send a written notice by fax or registered mail to the Programs' regional office.

Reasons Indigenous Services Canada may terminate a provider's enrolment include, but are not limited to the following:

- Provider is unable to practice (either temporarily or permanently) as a result of no longer being recognized by, or being under suspension by the regulatory body;
- Provider has refused to be audited or has failed to pay a previous audit debt to the Crown; or
- Concerns identified by Indigenous Services Canada (such as through complaints by clients, analysis of billing data or audit) or by other means, (e.g. media/police alert), which indicate potential issues of concern may be present.

In the case where there are allegations of financial irregularities or professional misconduct, the Programs will notify the professional regulatory body and may contact the appropriate police authority.

The Programs will not process payment requests from the provider for services rendered after the enrolment termination date.

Termination of provider enrolment does not terminate any rights or obligations of the provider or Indigenous Services Canada regarding provider audit activities.

Documentation Updates

Providers must adhere to all Program requirements as defined in this Guide.

The Programs will communicate any updates to this Guide, or related policies and benefits, to clients, providers and stakeholders in a timely manner. It is important that providers retain the most current documentation to ensure that NIHB and/or IRS RHSP requirements are met.

2.3 Provider Roles and Responsibilities

Before initiating counselling, providers must confirm that any services they propose are eligible for coverage by the Programs as defined in this Guide, otherwise they will not be reimbursed. The submission of a payment request by a provider indicates understanding and acceptance of the terms and conditions for receiving payment for services through either the NIHB Program or IRS RHSP.

Providers should make themselves aware of the current continuum of mental wellness services available to clients in their community, and locally from the province/territory.

Providers must:

- Confirm that the client is eligible for benefit coverage under NIHB or IRS RHSP;
- Obtain prior approval before initiating counselling as indicated in each Program section;

- Ensure that the client understands the terms, conditions, and limitations of the applicable Program prior to starting counselling;
- Complete a client assessment and discuss the recommended counselling hours with the client;
- Complete a treatment plan to be kept on the client's file.
- As part of the treatment plan, the provider is encouraged to consider linking the client to community based mental health services or other culturally appropriate services;
- Keep all client records (including date, location, and start/end time) and confirmation of attendance in a secure location for a period of 7 years for audit purposes;
- Inform the IRS RHSP client that he/she is also eligible to access the services of a Resolution Health Support Worker and/or a Cultural Support Worker;
- Ensure that they do not knowingly submit a claim for payment through NIHB or IRS RHSP for the provision of mental health services that is funded by or will be billed to another plan/program;
- Cooperate with all Program audits and grant access to location and documentation required to determine compliance with the Programs policies outlined in this Guide;
- Comply with professional regulatory body requirements for security, police record checks, and client files management; and
- Not represent himself/herself as an agent or representative of Indigenous Services Canada in respect of any counselling services provided to eligible clients.

As part of their ongoing professional development, providers are encouraged to continue to enhance their knowledge of First Nations and Inuit cultures. This can include opportunities provided by their professional associations, through First Nations or Inuit communities or organizations, or other related training. The Mental Health Counselling Provider Agreement form provides an opportunity for providers to indicate their areas of expertise/specialization and their experience in supporting First Nations and Inuit (cultural competence). Providers are encouraged to update their records regarding areas of expertise/specialization by contacting the respective Regional Office. Clients may contact the Programs to request the names and contact information of providers with particular areas of expertise/specialization.

Please note: Mental health counselling providers are expected to follow applicable privacy legislation, regulations and professional regulatory body requirements applicable to maintaining their records. Client files are in the control of the provider and not Indigenous Services Canada. In the case of an audit, providers will grant Indigenous Services Canada access to these files for audit purposes, in a manner that is permissible under the applicable legislation, regulations and the requirements of their regulatory body.

Group Counselling

If an individual client's counselling needs can be met in part through participation in a group with other individuals who are also receiving counselling in this manner, this is an eligible service. All group counselling hours will be counted towards the client's benefit coverage.

Group counselling is used at the discretion of the provider whose role it is to plan the client's treatment. A provider could determine that a client might benefit from sharing common experiences or interactions with individuals facing similar concerns. The following examples are for illustration only:

- adjustment to a major life event or transition (e.g. medical diagnosis of serious illness, death of a loved one);
- management of an issue which requires psycho-social support to regain/retain equilibrium (e.g. caregiver stress); and
- other issues (e.g. anger management).

When offering group counselling, providers should provide group counselling in a group size and in a manner that is in compliance with standards established by their regulatory body.

Providers are to bill each eligible individual client at the group rate indicated on the prior approval form. The hourly rate charged for an eligible individual participant in a group must not be higher than 30% of the usual individual counselling rate, and it must not be higher than the rate being charged to any non NIHB or IRS RHSP participants (except where other agreements exist with providers). Note that such fee for services payments are for reimbursement of counselling services provided to an eligible individual via a group setting, and are not intended to subsidize other new or existing group counselling programs.

The NIHB and IRS RHSP Programs will not reimburse costs that are already funded by another program (e.g. provincial, territorial, federal, or private) to support the provision of group counselling.

Family Counselling

Counselling offered to an individual, which includes the participation of family members, is billed as part of the claim for the eligible client at the usual individual hourly rate.

Using Telehealth in Mental Health Counselling

NIHB and IRS RHSP have developed guidelines and procedures for a limited provision of mental health services through telehealth (i.e. the use of video-conferencing or telephone to deliver mental health services). Please note that the provision of telehealth through instant messaging and emails is not accepted by the NIHB Program and IRS RHSP.

When telehealth is being considered to deliver mental health counselling, the client must agree to its use and retains the option of face-to-face counselling at any time.

Providers must:

- Meet the standards and code of ethics of their respective legislated regulatory bodies and Provincial/Territorial regulations in the provision of mental health services through telehealth, including client privacy and confidentiality.
- Follow the Model Standards for Telepsychology Service Delivery adopted by the Association of Canadian Psychology Regulatory Organizations in provinces or territories where a provider's regulatory body does not have guidelines for the provision of telehealth;

- Ensure their ongoing competence with service delivery technologies for mental health, and to mitigate any potential negative impacts of the technologies on clients.
- Determine the suitability of telehealth services for delivering mental health services to a client. This determination should be based on the provider's professional judgment that takes into consideration such factors as client safety and the accomplishment of therapeutic goals.

Process:

- Initial client assessments should be undertaken in-person. In exceptional circumstances, assessment via telehealth may be allowable with the approval of the Programs' regional office.
- The technology (i.e. video conferencing or telephone) and location (e.g. nursing station, community health center, or other) used to provide counselling services will be determined by the provider based on the client's case and in accordance with the provider's regulation related to the delivery of telehealth services.
- The provider must have a process in place to confirm the client's attendance through telephone log, attendance sheet, and/ or email confirmation, depending on the modality.
- Providers will not receive additional compensation for any costs associated with the utilization of telehealth.

Please also refer to the terms and conditions as outlined in the Mental Health Counselling Provider Agreement form.

2.4 Provider Audits

Audit Objectives

The objective of a provider audit is to confirm that payment requests have been submitted in compliance with the applicable Terms and Conditions of the Programs by:

- Detecting any billing irregularities and recovering payment for ineligible claims;
- Ensuring appropriate billing as defined by the Programs' regional office;
- Ensuring that the services paid for were received by an eligible client;
- Validating active licensure of providers; and
- Ensuring compliance with the Programs policies (e.g. completed assessments and treatment plans included in client files).

Indigenous Services Canada may withhold future payments to providers, pending receipt of monies found to have been inappropriately paid. Providers may contact the Programs' regional office to clarify the payment error reversal.

If a practice related issue is determined during an audit, the Programs may refer the matter to the appropriate regulatory body.

Provider Audit Responsibilities

The provider shall cooperate with Indigenous Services Canada in all audit activities. Upon request, the provider shall grant access to its location during regular business hours for review and produce a client's record(s) maintained by the provider.

Please note: When an audit is conducted as a result of billing irregularities, the provider will not be allowed to continue to provide counselling and submit claim forms until the situation has been resolved. A provider suspended by his or her regulatory body will also not be allowed to provide services and submit claims during his/her suspension period.

To carry out Claim Form verification and on-site audit components of the Programs, the Programs require access to information, including, but not limited to the following:

- Client identification information;
- Invoices;
- First payer statement of benefits if client has additional coverage; and
- Appointment schedule.

2.5 Privacy

As federal government programs, the NIHB Program and IRS RHSP have the responsibility to protect personal information under their control in accordance with the Privacy Act and its related Treasury Board privacy policy and directives, and are also responsible for ensuring that the personal information collected is limited to that which is necessary to administer both Programs.

For more information on applicable privacy practices, please contact the Department' Privacy Management Division.

3.0 Non-Insured Health Benefits Program

Indigenous Services Canada's Non-Insured Health Benefits Program is a national program that provides eligible First Nations and Inuit with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial/territorial health insurance plans or social programs. NIHB Program benefits include a specified range of prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on the reserve or in the community of residence.

Providers should be aware that mental health counselling for some clients may be managed or provided by their community. Where this is the case, the Regional Office will redirect the client or provider to the community.

Some clients receive health benefits coverage through other arrangements, such as a self-government agreement or via a First Nations or Inuit health authority. In such cases, this Guide may not apply as these organizations establish their own policies regarding health benefits coverage.

General Principles

To support First Nations and Inuit in reaching an overall health status that is comparable with other Canadians, the NIHB Program covers benefits based on the following principles:

- Benefits will be provided based on the judgment of medical professionals, consistent with the best practices of health services delivery and evidence-based standards of care;
- National consistency of benefits, equitable access and portability of benefits and services;
- Payment and reimbursement for services provided to clients will be made in accordance with Program policies, and consistent with the payment and reimbursement process defined in this Guide;
- The Program will be managed in a sustainable and cost-effective manner; and
- In cases where a benefit is covered under another health care plan, the NIHB Program may act to coordinate payment in order to ensure that the other plan meets its obligations and that clients are not denied services.

3.1 Mental Health Counselling

The NIHB Program's MHC benefit is intended to provide coverage for professional mental health counselling to complement other mental wellness services that may be available. Providers should make themselves aware of the current mental wellness services available in the community, and locally from the province/territory and consider linking the client to such services.

The provision of this benefit is part of FNIHB's commitment to work towards the development of a coordinated and comprehensive approach to mental health and addictions programming. MHC is offered in a way that:

- Recognizes NIHB MHC benefit as a component of a mental wellness continuum that includes other FNIHB, community-based and provincial/territorial mental health programming and services; and
- Supports culturally competent mental health counselling.

3.2 Client Eligibility

To be eligible for NIHB Program benefits, a client must be a Canadian resident and registered or eligible to be registered under a provincial or territorial health insurance plan and have the following status:

- a First Nations person who is registered under the Indian Act (commonly referred to as a "Indian status"); or
- Inuk recognized by an Inuit Land Claim organizations; or
- an infant less than 18 months old whose parent is a registered First Nations person or a recognized Inuk; and
- Not otherwise covered under a separate agreement (e.g. a self-government agreement such as the Nisga'a and Nunatsiavut agreements) with federal, provincial or territorial governments.

Client identification is noted in section 3.4.

Roles and Responsibilities of Clients

Clients must access any alternate health coverage that is available to them prior to accessing the NIHB Program. They should also contact their local community organizations (health centre, friendship centre, or primary health care provider) and/or Program regional office to determine if community mental health programs are available.

Only services delivered by an eligible provider (see section 2.1) are eligible for reimbursement.

Clients can contact their Programs' regional office to obtain a list of enrolled providers. Some providers have also indicated their areas of expertise/specialization and their experience with First Nations and Inuit (cultural competence). Note that this information is self-reported by the provider. Clients can request a list of enrolled providers closest to them with this experience.

Clients are not limited to enrolled providers only: if a client would like to work with an eligible counsellor (see section 2.1) who is not yet enrolled, the counsellor should contact the Program to apply for enrolment before counselling begins (if they do not do so, they will not be able to direct bill).

Clients are responsible to keep their information up-to-date in order to avoid delays in accessing NIHB benefits. In case of a name change or changes to any other personal information:

- First Nations clients should contact their local Band Office or Crown-Indigenous Relations and Northern Affairs Registration Services Unit at 1-800-567-9604 to update their status cards.
- Inuit clients should contact their Land Claim Organization to update their personal information. Inuit living outside the Northwest Territories or Nunavut should also contact NIHB_SVS-HICPS@hc-sc.gc.ca

If clients have concerns regarding the counselling they receive, or the professional conduct of a counsellor, clients are encouraged to contact the provider's regulatory body. Please note that mental health counsellors are independent regulated health professional and not employees of the NIHB Program.

For clients who may wish to appeal a benefit decision by the NIHB Program, please see the appeal procedure section of this Guide and the [Program website](#).

3.3 Eligible Services

Coverage and Frequency Guidelines

Every 12 months, an eligible client can receive up to 22 hours of counselling performed by an enrolled provider on a fee-for-service basis (e.g. individual, family, or group counselling), consisting of:

- Initial assessment (maximum of 2 hours) may be covered without prior approval from the Program, in order to facilitate timely access to services;

- Up to 20 hours of counselling may be covered, not including the initial assessment. Sessions must be prior approved by the Program.
- Additional hours in the same 12 month period may be provided on a case-by-case basis (see Exceptions for details).

Please note that after the initial assessment for an eligible client, all services and modalities for the delivery of services require prior approval. See section 3.4 for further details regarding the prior approval process.

Providers must verify a client's eligibility for the NIHB Program (see section 3.4). Only services provided to eligible clients may be reimbursed.

Clients who are not NIHB-eligible may be referred to the IRS RHSP Program for processing, for clients eligible under that Program.

Services submitted for coverage must not already be eligible for payment by another provincial/territorial, federal, and/or private plan or program.

Exceptions

Requests for counselling beyond this frequency, or additional requests within any 12 month period may be approved on an exception basis.

Per the NIHB Medical Transportation Policy Framework, clients are expected to access the closest appropriate provider. However, where a client must access a provider with a specific area of expertise (including where the provider may have specific cultural competence experience or training), transportation to access the next closest provider who meets the client's requirement will be considered on an exception basis.

Exclusions

Certain services will NOT be provided as benefits under the NIHB Program under any circumstances and are not subject to the NIHB appeal process. These include:

- Accommodations and treatment fees for facility-based addictions treatment (publically funded addictions treatment is available to eligible clients through the FNIHB Mental Wellness Program or through programs funded by provincial or territorial governments)
- Services that are paid by the IRS RHSP;
- Services that are funded by another program or agency (such as counselling provided to incarcerated clients); psychiatric and family physician services insured through the provincial or territorial health plan;
- Services for the purpose of a third party (e.g. school application, employment assessment, to support legal action, child custody, etc.);
- Any service provided by a non-eligible provider regardless of its purpose (see section 2.1 for eligible providers);
- Services for a purpose other than mental health counselling (e.g. psychoeducational testing/assessments, educational and vocational counselling, life skills training, life

- coaching/mentoring, early intervention/enrichment programs, sex therapy); and
- Telehealth through instant messaging or emails.

3.4 Prior Approval Process

The prior approval ensures that the provider and the client are aware of what is eligible for reimbursement (number of sessions, rate, etc.). Prior approval is required for all services provided to an eligible client as noted in 3.3. The prior approval form establishes the total number of hours approved and how these services will be delivered (individual, group, telehealth). A completed prior approval form is required.

The Prior Approval Form is available on the Program's website. Prior approval is intended to determine that:

- The client is eligible for coverage;
- The provider is enrolled (eligible for enrollment) with the NIHB Program; and
- The requested service is an NIHB benefit and falls within the frequency limits.

The following information is required to process a prior approval request:

- Client identification information, as described below in this section;
- Date of the initial assessment and start date of the counselling;
- Proposed number of counselling hours;
- Number of hours requested and the cost of the counselling proposed;
- Confirmation of any previous counselling provided to the client by provider;
- Confirmation that a strategy has been developed to link the individual to community based mental health services or other local and culturally appropriate services;
- Confirmation that alternate health coverage or other programs has been sought when applicable;
- The Prior Approval Form is signed by the client/guardian and the provider. Stamped copies of signatures are not acceptable; and
- Justification is provided for benefits beyond the frequency.

Consideration of services beyond the annual frequency may be considered on an exception basis, as will reimbursement for services that have already been delivered but where prior approval was not sought in advance. All exception claims must include a fully completed prior approval form.

Prior approval requests will be assessed within 5 business days of being submitted. The Regional office will advise the mental health counsellor of the outcome of the prior approval process.

Please note: The prior approval number provided by the NIHB Program's regional office must be included on all claims submissions. Payment may be made for hours of service provided, up to the number of hours that have been prior approved.

Client Identification

To facilitate reimbursement, in addition to the Prior Approval Number, the following information must be provided for each payment request:

- Surname (under which the client is registered);
- Given names (under which the client is registered);
- Date of birth (date format YYYY-MM-DD); and
- Client Identification number.

The Programs' regional offices can help a provider verify a client's eligibility using the information listed below.

Identification Numbers for Registered First Nations

One of the following identifiers is required for registered First Nations clients:

- Indian Act Registration number (may be known as "status or treaty card" or official letter marked "Certificate of Indian Status"); (if the client's full number is not known the Program's Regional Office can assist using the client's name, date of birth and community); or
- In certain specific situations, instead of a registration number, some First Nations clients may have a number issued by NIHB (B number).

Identification Numbers for Recognized Inuit

One of the following identifiers is required for recognized Inuit clients:

- Government of Northwest Territories (NWT) Health Plan Number;
- Government of Nunavut (NU) Health Plan Number;
- NIHB Identification Number (N Number); or
- NIHB Program letter (on Government of Canada letterhead) identifying the individual and accompanied by picture identification.

In cases where there is a discrepancy between the information/documents used to verify a client's eligibility for the NIHB Program and the name presented by the client, the provider is asked to request, in addition to the status card or Inuit eligibility documents, another recognized form of provincial or federal photo identification (providers should keep a record that this was done).

3.5 Claim Submission

Coordination of Benefits

Clients are required to access any public (federal, provincial, or territorial) or private health care funding for which they are eligible prior to accessing the NIHB Program. If the client has other coverage, the provider must submit claims to the other payer first before submitting to NIHB.

Where a client has other coverage, an Explanation of Benefits or other written confirmation from the other carrier will be required before an NIHB claim can be processed. In the case where another carrier is unable to provide this, NIHB may coordinate payment in order to ensure that the other plan meets its obligations and that those clients are not denied services.

Provider Reimbursement

Please note that the Program's regional offices will reimburse providers for services provided to eligible clients when the following criteria are met:

- The claim is for an eligible client.
- Claim has been submitted to any alternate health plans (public or private) to which a client is eligible prior to being submitted to the NIHB Program;
- Claim has not been submitted for any amount or for work which has already been covered by any other federal or provincial/territorial program, for which the provider has received alternate payment via salary or contract;
- Prior approval has been obtained;
- Fees charged are as approved on the Prior Approval Form;
- The Mental Health Counselling Appointment Confirmation Sheet is signed by the client or parent/legal guardian and/or in the case of telehealth, other appropriate confirmation (e.g. telephone log, client signature obtained at a nursing centre at the time of the call) as confirmation that the client has received the service; and
- A signed copy of the Mental Health Counselling Claim Form has been submitted to the Program's regional office; and
- There will be no reimbursement for missed appointments and the Program may withhold payment if attendance cannot be confirmed.

To avoid a delay in payment, providers should submit all Claim Forms for payment within 2 months of the provision of services. Claim Forms submitted more than one (1) year from the service provision date will not be accepted and will be returned to the provider.

Please note: the NIHB Program does not provide separate reimbursement for the writing of any reports associated with the client file.

Client Signature Guidelines

Prior Approval Form(s) and Confirmation of Attendance Sheet(s) signed by or on behalf of a client are required to process claim payment, and to support audit functions. These administrative forms are not the means by which a client gives consent to his or her provider for treatment, and it is not the Program's role to collect consent for treatment. As such, the Program will accept the following client signatures on the Prior Approval form(s) and Confirmation of Attendance Sheet(s):

- The signature of the client aged 18 or older, unless arrangements for alternative consent have otherwise been established for the client (e.g. power of attorney for personal care, guardianship order, etc.)
- For clients between the ages of 14-18, where the provider is of the opinion that the client:
 - has the capacity to understand what he/she is signing: the client may sign.
 - does not have the capacity to understand what he/she is signing: a parent or legal guardian may sign.
- Clients under the age of 14 should have a parent or legal guardian sign the forms. In exceptional circumstances, when a client under 14 years of age is unaccompanied by a

parent/legal guardian, and/or the provider is of the opinion that the client has the capacity to understand what he/she is signing, the Program's regional offices may accept a signature from the child.

Client Reimbursement

Providers are encouraged to submit invoices directly to the NIHB Program so that clients do not need to pay at the point of service.

Requests for direct client reimbursement for MHC benefits must be submitted to the regional office in the province or territory where the service was provided within one year of the date of service.

The client must demonstrate that they meet all the Program's eligibility criteria, including that the service was eligible and was provided by a provider enrolled with the Program (see [section 2.2](#)).

All requests for reimbursement of eligible benefits must include a completed NIHB Client Reimbursement Form, an appointment confirmation sheet signed by the client and the provider, as well as original receipts. The [NIHB Client Reimbursement Request Form](#) is located on the Programs' website.

4.0 Indian Residential Schools - Resolution Health Support Program

The IRS RHSP is administered by the First Nations and Inuit Health Branch (FNIHB) regional offices or designated health authority in order to provide health support services to former IRS students and their families ("clients") to safely address a broad spectrum of wellness issues related to the impacts of Indian Residential Schools (IRS). The objective of the Program is to provide mental health, emotional and cultural supports during all stages of the IRS Settlement Agreement process

Guiding Principles

The IRS RHSP operates according to a number of guiding principles:

- There is national consistency in available services and equitable access to services across Canada;
- All services are provided in a non-judgmental, sensitive and compassionate manner that meets the needs of clients;
- The IRS RHSP is managed in a sustainable and cost-effective manner; and
- Administrative processes involve transparency and stakeholder input whenever agreed to with First Nations and Inuit organizations.

4.1 IRS RHSP Individual and Family Counselling

The provision of mental health counselling is described in this section relates to only one component of IRS RHSP, namely mental health professionals providing counselling services to assist clients to find ways of healing from IRS experiences. These services are offered through individual, family, or

group sessions as required by needs of the eligible clients for the duration of the Settlement Agreement process.

4.2 Client Eligibility

A client is eligible for IRS RHSP mental health support services if they meet one of the following criteria:

- **Former IRS Student:** A former IRS student regardless of the individual's status (First Nations, Inuit, Métis, non-status, non-Aboriginal) or place of residence within Canada (on or off-reserve) who have received the Common Experience Payments (CEP) or who are resolving their claim against Canada through the Independent Assessment Process (IAP), or are participating in Truth and Reconciliation Commission (TRC) or commemoration events;
- **Family Members:** The family of former IRS students is defined as spouse/partner, those raised by or raised in the household of a former IRS student and any relations who have experienced effects of intergenerational trauma associated with an eligible family member's time at an IRS; and
- **Commemoration Event Participants:** Anyone in attendance at an IRS Settlement Agreement funded Commemoration event is eligible to access RHSP services during the event.

Client eligibility must be confirmed before providing any services by contacting the Program's Regional Office. The Program verifies the eligibility of the client with Crown-Indigenous Relations and Northern Affairs and the Indian Residential Schools Adjudication Secretariat (IRSAS). Note that this may take up to five business days.

Please note that individuals who are ineligible to receive IRS RHSP counselling services include those who do not meet any of the above-mentioned eligibility criteria and:

- Attended a school that is not recognized in the 2007 IRS Settlement Agreement, such as former IRS day school students; and/or
- Have opted out of the IRS Settlement Agreement.

Roles and Responsibilities of Clients

Only services delivered by an eligible provider (see section 2.1) are eligible for reimbursement.

Clients can contact their Programs' regional office to obtain a list of enrolled providers. Some providers have also indicated their areas of expertise/specialization and their experience with First Nations and Inuit (cultural competence). Note that this information is self-reported by the provider. Clients can request a list of enrolled providers closest to them with this experience.

Clients are not limited to enrolled providers only: if a client would like to work with an eligible counsellor (see section 2.1) who is not yet enrolled, the counsellor should contact the Program to apply for enrolment before counselling begins (if they do not do so, they will not be able to direct bill).

Clients are responsible to keep their information up-to-date in order to avoid delays in accessing IRS RHSP benefits. When name and any other personal information changes, clients should ask the provider to contact the IRS RHSP Program to update their personal information.

If clients have concerns regarding the counselling they receive, or the professional conduct of a counsellor, clients are encouraged to contact the provider's regulatory body. Please note that mental health counsellors are independent regulated health professional and not an employee of the Program.

Clients wishing to appeal a benefit decision by the IRS RHSP are required to follow the steps outlined in the appeal procedure section of this Guide. Clients can learn more about the IRS RHSP Program by reading this Guide or by visiting the IRS RHSP website.

4.3 Eligible Services

Coverage and Frequency Guidelines

An eligible client can receive up to 22 hours of services when performed by an enrolled provider on a fee-for-service basis (e.g. individual, family, or group counselling) consisting of:

- Initial assessment (maximum of 2 hours) without prior approval from the Program, in order to facilitate timely access to services;
- Up to 20 hours may be covered, not including the initial assessment. Sessions must be prior approved by the Program and must be used within a 12 month period
- Additional hours may be provided on a case-by-case basis (see Exceptions for details).

Please note that after the initial assessment for an eligible client, all services and modalities for the delivery of services require prior approval. See section 4.4 for the process.

Providers must verify a client's eligibility for the IRS RHSP Program with the Program by contacting the regional office before any services are provided. Only services provided to eligible clients may be reimbursed.

Clients who are not IRS RHSP eligible may be referred for processing by the NIHB Program for clients eligible under that Program.

Exceptions

The following may be considered on an exception basis, including, but not limited to:

- Extension to the number of hours required to provide on-going support to clients:
 - Should the counsellor and the client identify the need for additional hours of counselling after the expiry of the initial or subsequent Prior Approval Form; a new Prior Approval Form can be submitted for approval.
- Clients must access counselling services in their home province or territory, with the following exceptions:
 - Should the demand for counsellors go beyond regional capacity;

- Should the appropriate service not be available in the home province/territory; or
- Should a neighbouring province/territory service provider be the closest point of service.

All exceptions are reviewed on a case by case basis.

Exclusions

Certain types of counselling services are not covered by IRS RHSP under any circumstances and are not subject to the appeal process.

Exclusions include, but are not limited to:

- Accommodations and treatment fees for facility-based addictions treatment (publically funded addictions treatment is available to eligible clients through the FNIHB Mental Wellness Program or through programs funded by provincial or territorial governments);
- Services that are paid by the NIHB Program;
- Services that are funded by another program or agency (such as counselling provided to incarcerated clients); psychiatric and family physician services insured through the provincial or territorial health plan;
- Services for the purpose of a third party (e.g. school application, employment assessment, to support legal action, child custody, etc.);
- Any service provided by a non-eligible provider regardless of its purpose (see section 2.1 for eligible providers);
- Services for a purpose other than mental health counselling (e.g. psychoeducational testing/assessments, educational and vocational counselling, life skills training, life coaching/mentoring, early intervention/enrichment programs, sex therapy); and
- Telehealth through instant messaging or emails.

4.4 Prior Approval Process

The prior approval ensures that the provider and the client are aware of what is eligible for reimbursement (number of sessions, rate, etc.). Prior approval is required for all services provided to an eligible client as noted in 4.3. The prior approval form establishes the total number of hours approved and how these services will be delivered (individual, group, telehealth). A completed prior approval form is required.

The Prior Approval Form is available on the Program website. Prior approval will be given when the following conditions have been met:

- The client is eligible for coverage;
- The provider is enrolled with IRS RHSP; and
- The requested service is an IRS RHSP benefit.

The following information is required to process a prior approval request:

- Client identification information, as described in section 4.5 Claim Submission;
- Date of initial assessment and start date of counselling;

- Number of hours requested and the cost of counselling proposed; and
- The Mental Health Counselling Prior Approval Form signed by the client and the provider is submitted. Stamped copies of signatures are not acceptable.

Prior approval requests will be assessed within 5 business days of the client's eligibility being confirmed. The Regional office will advise the mental health counsellor of the outcome of the prior approval process.

Please note: The prior approval number provided must be included on all claims submissions. Payment may be made for hours of service provided, up to the number of hours that have been prior approved.

4.5 Claim Submission

Provider Reimbursement

Please note that regional offices will reimburse providers for services provided to eligible clients only when the following criteria are met:

- Prior approval has been obtained;
- Fees charged are as approved on the Prior Approval Form;
- Mental health providers submit a signed copy of the Mental Health Counselling Claim Form to the regional office or designated health authority;
- A Mental Health Counselling Appointment Confirmation Sheet signed by the client or parent/legal guardian and/or in the case of telehealth, other appropriate confirmation (e.g. telephone log, client signature obtained at a nursing centre at the time of the call) as confirmation that the client has received the service along with the Mental Health Counselling Claim Form is sent to the Program's regional office or designated FNHA in order to demonstrate that the client has received the mental health service. In cases of clients under the age of majority, a parent or legal guardian may sign the attendance form.
- **There will be no reimbursement for missed appointments and the Program may withhold payment if attendance cannot be confirmed.**

To avoid a delay in payment, providers should submit all Claim Forms for payment within 2 months of the provision of services. Claim Forms submitted more than one year from the service provision date will not be accepted and will be returned to the provider.

Any claim for a service that is provided to a client who is not eligible for the IRS RHSP Program will not be reimbursed.

Please note: IRS RHSP does not provide separate reimbursement for the writing of any reports associated to the client file.

Client Signature Guidelines

Prior Approval Form(s) and Confirmation of Attendance Sheet(s) signed by or on behalf of a client are required to process claim payment, to support audit functions. These administrative forms are not the means by which a client gives consent to his or her provider for treatment, and it is not the Program's role to collect consent for treatment. As such, the Program will accept the following client signatures on the Prior Approval form(s) and Confirmation of Attendance Sheet(s):

- The signature of the client aged 18 or older, unless arrangements for alternative consent have otherwise been established for the client (e.g. power of attorney for personal care, guardianship order, etc.)
- For clients between the ages of 14-18, where the provider is of the opinion that the client:
 - has the capacity to understand what he/she is signing: the client may sign.
 - does not have the capacity to what he/she is signing: a parent or legal guardian may sign.
- Clients under the age of 14 should have a parent or legal guardian sign the forms. In exceptional circumstances, when a client under 14 years of age is unaccompanied by a parent/legal guardian, and/or the provider is of the opinion that the client has the capacity to understand what he/she is signing, regional offices may accept a signature from the child.

5.0 Appeal Process

When coverage is denied under either Program, an appeal process is available (see Appealing a decision under the NIHB Program).

The appeal process is the same for the IRS RHSP and NIHB Programs, but the mailing address is different (see section 7.1 for contact information).

Services that are identified as exclusions will not be considered for appeal.

NIHB Program and IRS RHSP - Levels of Appeal

LEVEL 1

To initiate an appeal, the letter of appeal and supporting documents must be mailed to:

For NIHB

NIHB Regional Manager at the regional office in the client's province or territory of residence.

For IRS RHSP

IRS RHSP Regional Manager at the regional office or designated health authority in the client's province or territory of residence.

LEVEL 2

A client or representative may choose to have the appeal reviewed at the level 2 stage if:

- the client or representative does not agree with the level 1 appeal decision

- there is new information available for review since the last appeal

The submission should include any additional or new supporting information from the client's health service provider.

The letter of appeal and supporting documents should be mailed to:

For NIHB

FNIHB Regional Executive at the regional office in the client's province or territory of residence (use the regional office address in section 7.1).

For IRS RHSP

FNIHB Regional Executive at the regional office or designated health authority in the client's province or territory of residence (use the regional office address in section 7.1).

LEVEL 3

A client or representative may choose to have the appeal reviewed at the final level 3 stage if:

- the client or representative does not agree with the level 2 appeal decision
- there is new information available for review since the last appeal

The submission should include any additional or new supporting information from the health service provider.

The letter of appeal and supporting documents should be mailed to:

For NIHB

NIHB Director General

First Nations and Inuit Health Branch
Non-Insured Health Benefits Directorate
Postal Locator: 1909D
Ottawa, ON K1A 0K9

For IRS RHSP

Executive Director, Office of Population and Public Health

First Nations and Inuit Health Branch
Population Health and Primary Care Directorate
Postal Locator: 1920D
Ottawa, ON K1A 0K9

6.0 Medical Transportation Assistance

Medical transportation assistance may be provided for clients to the nearest appropriate provider or for a provider to travel into a community to provide services when it is deemed more cost-effective. This assistance may include the provision of transportation, meals, and accommodations. A maximum number of counselling hours should be arranged in order to minimize costs. All travel must be pre-approved by the respective Program. Both Programs follow the policy outlined in the NIHB Medical Transportation Policy Framework.

When required, medical transportation assistance may be covered for an escort to accompany the client to access mental health counselling services. Escort travel must be pre-authorized by the Programs' regional office or designated health authority according to the Medical Transportation Policy Framework policies for client escorts.

7.0 Mental Health Counselling Benefits Resources

7.1 Regional Offices

Regional Offices (telephone)

Atlantic Region (PEI, NS, NB, NL)

NIHB: 1-800-565-3294 / 902-426-2656

IRS RHSP: 1-866-414-8111

Quebec Region

NIHB: 1-877-483-1575/ 514-283-2935

IRS RHSP: 1-877-583-2965

Ontario Region

NIHB: 1-800-881-3921

IRS RHSP: 1-888-301-6426

Manitoba Region

NIHB: 1-800-665-8507

IRS RHSP: 1-866-818-3505

Saskatchewan Region

NIHB: 1-866-885-3933

IRS RHSP: 1-866-250-1529

Alberta Region

NIHB: 1-800-232-7301

IRS RHSP: 1-888-495-6588 / 780-495-6588

Northern Region

NIHB: 1-866-362-6717

IRS RHSP: 1-800-509-1769

British Columbia First Nations Health Authority
IRS RHSP: 1-877-477-0775

Full contact information for the Programs can be found at [NIHB Contact Us](#) or [FNIH Regional Offices](#). Please scroll down to the office in your region.

7.2 Mental Health Programming

Many municipalities or other local governments, and provincial or territorial governments offer mental health programming, for example through non-profit organizations such as the Canadian Mental Health Association or local Aboriginal friendship centres.

Through First Nations and Inuit Health Branch Mental Wellness programming, Indigenous Services Canada administers contribution agreements and transfers direct departmental spending to support culturally appropriate community-based programs, services, initiatives and strategies related to the mental wellness of First Nations and Inuit. The range of services includes prevention, early intervention, treatment, and aftercare. Key services supporting program-delivery include: substance abuse prevention and treatment (part of the Canada Drugs and Substances Strategy), mental health promotion, and suicide prevention. The Mental Wellness program objective is to address the greater risks and lower health outcomes associated with the mental wellness of First Nations and Inuit individuals, families, and communities.

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