



(ISC Use Only)		
Region:	PA#:	Date:

INDIGENOUS SERVICES CANADA (ISC) MENTAL HEALTH COUNSELLING COVERAGE PRIOR APPROVAL REQUEST

Privacy Act Statement

The personal information you provide to ISC is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program and IRS RHSP. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the *Privacy Act*. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-ajprp/coord-eng.asp. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

ELIGIBILITY

- ▶ In order to be eligible for payment you must be currently enrolled as a provider under either the NIHB Program or the IRS RHDP prior to providing any services to clients.
- ▶ Incomplete forms will be returned unprocessed.
- ▶ Please note that the initial client session(s) assessment (up to two hours) do not require prior approval.
- ▶ This form is to be completed for prior approval for counselling to be covered through either the Non-Insured Health Benefits Program (NIHB) or the Indian Residential Schools Resolution Health Support Program (IRS RHSP).
- ▶ To be eligible for payment, counselling services must be provided in accordance with the terms and conditions in the *Guide to Mental Health Counselling Services - NIHB and IRS RHSP* ("Guide").
- ▶ Counselling would normally be expected to start within 10 business days following the prior approval.

Request Type (Select One) NIHB IRS

Non-Insured Health Benefits' Mental Health Counselling (Complete Sections A, B, D & E) <input type="radio"/> Original request <input type="radio"/> Exception/extension request (for requests for services totalling more than 22 hours in 12 months)* <input type="radio"/> Client seeking counselling services related to the impact of MMIWG*	Indian Residential Schools Resolution Health Support Program counselling services (Complete Sections A, C, D, & E) <input type="radio"/> Original request <input type="radio"/> Extension of services currently being provided * <input type="radio"/> Client seeking counselling services related to the impact of MMIWG*
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* Please note that requests for counselling beyond 22 hours (up to 2 hours for initial assessment + 20 counselling hours) in 12 months must be submitted in a new Prior Approval Form following completion of treatment approved on the initial prior approval form.

SECTION A - Client and Provider Information (Please Print)

Client Information

Family Name		Given Name		Date of Birth (YYYYMMDD)
Mailing Address (Number/Street/Apartment/P.O. Box)				
City/Town	Province/Territory	Postal Code	Telephone Number	



Client Number (Indian Status Number for First Nations, "N" number for Inuit, or Health Card Number for Inuit living in Northwest Territories or Nunavut)	IRS RHSP Eligibility – IRSAS Verification Number (if available)
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Provider Information

Counsellor	Business Name	
Provider/Vendor Number (7 digit number)	Telephone Number	Extension Number
Counselling location/address		

SECTION B - NIHB Mental Health Counselling Benefits

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.

- I have developed a written treatment plan in partnership with my client. Together we have outlined the goals and objectives for counselling.
- Are you aware of other community-based services that might be available to this client? Yes No
- I would like to be contacted with additional information that may help me refer the client to community-based services, if available.

SECTION C - Indian Residential Schools Resolution Health Support Program

The client is a: Former Indian Residential School Student Family Member of a Former Indian Residential School Student

Client Gender: Male Female

Note: If the client is a family member, please provide the full name and the date of birth of the former student(s). Providing the information for more than one former student is optional.

Former Student		Date of Birth (YYYYMMDD)	Indian Residential School	Year Attended	
Family Name	Given Name			From	To

- Please confirm the following (Select One)
- I have developed a written treatment plan in partnership with my client. Together we have outlined the goals and objectives for counselling.
 - I have informed 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 should he/she desire to do so. If you are unaware of these services, please contact your ISC regional office.

SECTION D - Proposed Hours of Counselling

ISC does not provide separate reimbursement for the writing of any reports associated to the client file. For completeness, count the total hours, including the first 2 hours that do not require prior approval. For frequency guidelines, see the Guide.



Part 1: All Requests

Request	Number of Hours	Frequency	Hourly Rate
Initial session(s)/assessment (these first 2 hours do not require prior approval)			
Face-to-face: <input type="checkbox"/> Individual Counselling <input type="checkbox"/> Family Counselling			
Telephone/Video-conferencing			
Group Counselling (Nature of the Group): _____ The hourly rate charged for an eligible individual participant in a group must not be higher than 30% of the usual individual counselling rate. Refer to Guide for the Programs' complete policies on Group Counselling.			
Total number of hours planned, not including initial sessions for assessment: (maximum of 20 hours per prior approval over a 12 month period)			
Planned Start Date (YYYYMMDD)	Initial Session/Assessment Date (YYYYMMDD)		

Part 2: Extension/Exception Request

Additional hours are required for the following reason (complete the appropriate program section):

NIHB

I have referred the client to a community service but the client is not using this service yet.

Please indicate the date this client was referred to another provincial/territorial mental health services or community-case service and the expected start date.

Date (YYYYMMDD)	Expected Start Date (YYYYMMDD)

There are no other appropriate services that are available for the client

Other (Specify): _____

IRS RHSP

Additional counselling is part of the written treatment plan developed in partnership with the client.

SECTION E - Acknowledgements

Client

- I contacted (*counsellor's name*) _____ in order to access mental health counselling;
- I have been assessed by this counsellor and he/she has discussed the details of my assessment and the recommended counselling hours / schedule with me;
- I confirm that my information in this form is correct, and I understand that it will be used by the NIHB Program and IRS RHSP for Program administration purposes including prior approval of counselling, claims processing and administrative audit;
- My counsellor has explained to me and I understand the terms and conditions of the benefits provided under the NIHB Program or the IRS RHSP;
- My mental health counsellor has discussed with me alternatives for transition to another provincial, territorial or community based service where applicable;
- I am aware that I can make a complaint to my counsellor's regulatory body and/or ISC if I have concerns regarding my counsellor's conduct and/or practice; and



- I shall inform my counsellor if any changes occur in my address or general contact information.
- I am aware that the services requested here are to be provided by the professional listed here. Changing counsellors requires the completion of a new Prior Approval form.

Signature (Parent/Guardian) X	Date (YYYYMMDD)
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If parent/guardian is signing, please print name:

Provider

- I have completed a process with this client to determine counselling needs.
- I have developed a written treatment plan in partnership with my client. Together we have outlined the goals and objectives for counselling.
- I have informed 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 should he/she desire to do so.
- If at any time during treatment it becomes apparent that my client may require longer term counselling, I will immediately begin a process to transition him/her to longer term mental health counselling services (e.g. provincial, territorial, or community based) provided in a timely fashion.
- I will make myself aware of community-based services that may be available to the client and I will make every effort to refer or transition this client to other mental health services (e.g. provincial, territorial, or community based).
- I understand the terms and conditions of the NIHB Program and/or IRS RHSP.
- I will provide mental health counselling services in a safe and appropriate setting in accordance with the standards as defined by the regulatory body.
- I have explained the terms and conditions of the applicable Program to the client, and he/she has acknowledged understanding them.
- I will submit claims for services to either the NIHB Program **OR** the IRS RHSP.
- I will not charge any fees to the client for services provided.
- I will not charge any fees to NIHB or IRS RHSP for report writing or file creation/transfer.
- I will only submit claims in accordance with the Guide.
- I will co-operate with ISC administrative audit activity and provide any requested supporting documentation to ISC, if required.
- I will update client contact information if any changes occur.
- This prior approval applies only to services that are provided by me. I will seek ISC approval before substituting another enrolled provider, and only if this substitution has been agreed to by the client.

Signature of Provider X	Date (YYYYMMDD)
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Contact Us - Regional Offices (telephone)

Atlantic Region (PEI, NS, NB, NL)

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

IRS RHSP: 1-866-414-8111

Saskatchewan Region

NIHB: 1-866-885-3933

IRS RHSP: 1-866-250-1529

Quebec Region

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

IRS RHSP: 1-877-583-2965

Alberta Region

NIHB: 1-800-232-7301/780-495-2694

IRS RHSP: 1-888-495-6588

Ontario Region

NIHB: 1-800-881-3921

IRS RHSP: 1-888-301-6426

Northern Region

NIHB: 1-866-362-6717

IRS RHSP: 1-800-509-1769

Manitoba Region

NIHB: 1-800-665-8507

IRS RHSP: 1-866-818-3505

British Columbia First Nations Health Authority

IRS RHSP: 1-877-477-0775

Full contact information for the Programs can be found at the following locations. Please scroll down to the office in your region.

NIHB: <https://www.canada.ca/en/health-canada/corporate/contact-us/non-insured-health-benefits.html>

IRS RHSP: <https://www.canada.ca/en/health-canada/corporate/contact-us/first-nations-inuit-health-regional-offices.html>