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|---------------------|-------|-------|
| (Health Canada use) |       |       |
| Region:             | PA #: | Date: |

**PROTECTED WHEN COMPLETED - B**

First Nations and Inuit Health Branch  
Non-Insured Health Benefits (NIHB) Program  
Indian Residential Schools Resolution Health Support Program (IRS RHSP)

## Health Canada Mental Health Counselling Prior Approval Form

Complete this form to apply for prior approval before commencing counselling funded through either the Non-Insured Health Benefits Program (NIHB) or the Indian Residential Schools Resolution Health Support Program (IRS RHSP). Please note that the initial client assessment\*(maximum of two hours) does not require prior approval. 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") and counselling should start within 10 business days following the prior approval.

*\*In order to be eligible for payment you must be currently enrolled as a provider under either the NIHB Program or the IRS RHSP prior to providing any services to clients. Incomplete forms will be returned unprocessed.*

|   |   |
|---|---|
| <b>This form is to request (check one):</b>   |   |
| <p><b>Non-Insured Health Benefits<br/>Mental Health Counselling<br/>Complete Sections A, B, D &amp; E</b></p> <p>Original request<br/>Application for extension</p> | <p><b>Indian Residential Schools<br/>Resolution Health Support Program<br/>Complete Sections A, C, D, &amp; E</b></p> <p>Original request<br/>Application for extension</p> |

### SECTION A – Client and Provider Information (please print)

|  |                     |  |               |
|--|---------------------|--|---------------|
| <b>Client Information</b>  |                     |  |               |
| Name of Client:  |                     | Date of Birth (YYYY/MM/DD):  |               |
| Address (number and street name):  |                     |  |               |
| City:  | Province/Territory: | Postal Code:   | Phone Number: |
| NIHB Eligibility (Indian Status Number for First Nations, "N" Number or Health Care Plan Number for Inuit Clients in living in Northwest Territories and Nunavut): |                     | IRS RHSP Eligibility – IRSAS Verification Number:<br>(To be filled by Health Canada Regional Office) |               |
| <b>Provider Information</b>  |                     |  |               |
| Name of Counsellor:  |                     | Business Name:   |               |
| Health Canada Provider Number:   |                     | Phone Number:<br>Extension Number:   |               |

### SECTION B – NIHB Mental Health Counselling Benefits

- Is the client in significant distress and showing signs of being in a mental health crisis in accordance with the criteria in the Guide?  
YES                  NO
- Is crisis counselling available for this client from any other service/program?  
YES, I will immediately refer the client to the other service                  NO

3. Is this the first time you have provided counselling to this client?  
 YES  
 NO (select) Request for an extension of counselling previously approved under the NIHB Program  
 Counselling relating to another crisis under the NIHB Program on: Date  
 Counselling relating to another mental health issue not funded by NIHB
4. Can the crisis be addressed and client transitioned to other mental health support services (if required) within 15 hours in 20 weeks?  
 YES NO, I have developed an aftercare plan to link the client to other services for longer term counselling
5. If services will be required after this counselling is completed, have you identified community-based or other local mental health and culturally competent services for referral?  
 YES NO (please describe why not)

**SECTION C – Indian Residential Schools Resolution Health Support Program**

The client is a:

Former Indian Residential Student

Family Member of a Former Indian Residential School Student

Note: If the client is a family member, please provide the full name and the date of birth of the former student.

Name of former student:

Date of Birth (YYYY/MM/DD):

Indian Residential School:

Years Attended (from – to):

**SECTION D - Proposed Hours of Counselling**

An hour of counselling is defined as fifty (50) minutes for counselling and ten (10) minutes for preparation.

|   | Number of Hours | Frequency | Hourly Rate |
|---|-----------------|-----------|-------------|
| Face-to-face: individual counselling family counselling   |                 |           |             |
| Telehealth  |                 |           |             |
| Group counselling (nature of the group): _____<br>Are participants to this group funded by another program? Yes No  |                 |           |             |
| Total number of hours requested<br>• NIHB – (15 hours over 20 weeks plus possibility of 5 hours extension)<br>• IRS RHSP – (20 hours per prior approval over a one year period) |                 |           |             |

Planned start date (YYYY/MM/DD):

Initial assessment date (YYYY/MM/DD):

**Complete for an extension of benefits:**

*Please note that requests for the extension of NIHB counselling hours over 15, or IRS RHSP counselling hours over 20, must be submitted in a new Prior Approval Form following completion of treatment approved on the initial prior approval form.*

1. Please explain briefly why additional hours are required:

There is a delay for the client to access provincial/territorial or community-based mental health services

The client's condition is not yet stabilized

Other – Please specify:

2. As per Program requirements, I have referred this client to provincial/territorial mental health services or community-based services on:

Date (YYYY/MM/DD):

Expected start date (YYYY/MM/DD):

### **SECTION E – Acknowledgements**

#### **Client Acknowledgment:**

- I contacted (*provider 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 Health Canada's 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 other mental health services (provincial, territorial or community based) when applicable;
- I am aware that I can make a complaint to my counsellor's regulatory body if I have concerns regarding my counsellor's conduct and/or practice; and
- I shall inform my provider if any changes occur in my address or general contact information.

|  |                    |
|--|--------------------|
| Signature of client (or parent/guardian):              | Date (YYYY/MM/DD): |
| If parent/guardian is signing, please print your name: |                    |

#### **Provider Acknowledgement:**

- I have completed an assessment process with this client.
- I have developed a written treatment plan in partnership with my client. Together we have outlined the goals and objectives to be worked on during our hours of 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 more than short term counselling, I will immediately begin a process to transition him/her to longer term mental health counselling services (provincial, territorial, or community based) in a timely fashion;
- I will make every effort to transition this client to other mental health services (provincial, territorial, or community based) that would follow this counselling;
- I understand the terms and conditions of the NIHB Program and/or IRS RHSP;
- 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;
- I will only submit claims in accordance with the Guide;
- I will co-operate with Health Canada administrative audit activity and provide any requested supporting documentation to Health Canada, if required; and
- I will update client contact information if any changes occur.

|                        |                    |
|------------------------|--------------------|
| Signature of Provider: | Date (YYYY/MM/DD): |
|------------------------|--------------------|

#### **Privacy Notice:**

*The personal information you provide to Health Canada 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 under the Department of Health Act. 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](http://infosource.gc.ca). Personal Information Banks (PIB) for IRS RHSP and the NIHB Program are in development. 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 Health Canada / Public Health Agency of Canada's ATIP Coordinator at 613-954-9165. 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.*

| NIHB REGIONAL OFFICES   | IRS RHSP REGIONAL OFFICES   |
|---|---|
| <p><b>Atlantic Region (PEI, NS, NB, NL)</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 1505 Barrington Street, Suite 1525<br/> Halifax, NS, B3J 3Y6<br/> Telephone (toll-free): 1-800-565-3294<br/> Fax (toll-free): 1-866-963-7700</p> | <p><b>Atlantic Region (PEI, NS, NB, NL)</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 1505 Barrington Street, Suite 1525<br/> Halifax, NS, B3J 3Y6<br/> Telephone (toll-free): 1-866-414-8111<br/> Fax: 902-426-6158</p> |
| <p><b>Quebec Region</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 202- 200 René-Lévesque Boulevard W, East Tower<br/> Montreal, QC, H2Z 1X4<br/> Telephone (toll-free): 1-877-483-1575<br/> Fax (toll-free): 1-855-244-4470</p>        | <p><b>Quebec Region</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 200 René-Lévesque Boulevard W, East Tower, 2nd Floor<br/> Montreal, QC, H2Z 1X4<br/> Telephone (toll-free): 1-877-583-2965<br/> Fax: 514-283-8067</p>  |
| <p><b>Ontario Region</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 2720 Riverside Drive, AL 6604E<br/> Ottawa, ON, K1A 0K9<br/> Telephone (toll-free): 1-800-881-3921<br/> Fax: 1-800-806-6662</p>                                     | <p><b>Ontario Region</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 2720 Riverside Drive, 4<sup>th</sup> Floor, AL 6604D<br/> Ottawa, ON, K1A 0K9<br/> Telephone (toll-free): 1-888-301-6426<br/> Fax: 1-877-430-3306</p> |
| <p><b>Manitoba Region</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 391 York Avenue, Suite 300<br/> Winnipeg, MB, R3C 4W1<br/> Telephone (toll-free): 1-800-665-8507<br/> Fax: 204-983-2160</p>  | <p><b>Manitoba Region</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 391 York Avenue, Suite 300<br/> Winnipeg, MB, R3C 4W1<br/> Telephone (toll-free): 1-866-818-3505<br/> Fax: 204-983-5740</p>                          |
| <p><b>Saskatchewan Region</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 1st Floor, South Broad Plaza<br/> 2045 Broad Street<br/> Regina, SK, S4P 3T7<br/> Telephone (toll-free): 1-866-885-3933<br/> Fax: 306-780-3878</p>             | <p><b>Saskatchewan Region</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 2045 Broad Street, 5th Floor<br/> Regina, SK, S4P 3T7<br/> Telephone (toll-free): 1-866-250-1529<br/> Fax: 306-780-5965</p>                      |
| <p><b>Alberta Region</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 9700 Jasper Avenue, Suite 730<br/> Edmonton, AB, T5J 4C3<br/> Telephone (toll-free): 1-800-232-7301<br/> Fax: 780-495-3184</p>                                      | <p><b>Alberta Region</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 9700 Jasper Avenue, Suite 730<br/> Edmonton, AB, T5J 4C3<br/> Telephone (toll-free): 1-888-495-6588<br/> Fax: 780-495-3184</p>                        |
| <p><b>Northern Region (YT)</b><br/> Non-Insured Health Benefits<br/> Health Canada<br/> 300 Main Street, Suite 100<br/> Whitehorse, YT, Y1A 2B5<br/> Telephone (toll-free): 1-866-362-6717<br/> Fax: 1-867-667-3999</p>                               | <p><b>Northern Region (YT, NT, NU)</b><br/> Indian Residential Schools – Resolution Health Support Program<br/> First Nations and Inuit Health Branch<br/> Health Canada<br/> 300 Main Street, Suite 100<br/> Whitehorse, YT, Y1A 2B5<br/> Telephone (toll-free): 1-800-464-8106<br/> Fax: 867-667-3999</p>           |
|   | <p><b>First Nations Health Authority</b><br/> Federal Building<br/> 757 West Hastings Street, Suite 540<br/> Vancouver, BC, V6C 3E6<br/> Telephone (toll-free): 1-877-477-0775</p>  |