



ACCESSING NON-INSURED HEALTH BENEFITS (NIHB)

A Guidebook for Beneficiaries of
the Labrador Inuit Land Claim Agreement



NUNATSIAVUT
kavamanga Government

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Glossary of Terms

The following are some definitions as they apply to the Non-Insured Health Benefits (NIHB) Program administered by the Nunatsiavut Government's (NG) Department of Health and Social Development (DHSD).

Activities of Daily Living (ADL)	Activities related to personal care, including but not limited to: assisting with feeding, bathing or showering, dressing and undressing, transferring from bed to chair (and reverse), and toileting requirements.
Adult	Any person who is 19 years of age and older.
Beneficiary List for the Labrador Inuit Land Claims Agreement	List of names and accompanying information identifying individuals who are beneficiaries of the Labrador Inuit Land Claims Agreement.
Child	Any person who is 2 years old and less than 19 years of age.
Beneficiaries	A beneficiary of the Labrador Inuit Land Claim Agreement (LILCA) who is eligible for NIHB services.
Indigenous Patient Navigator	The Indigenous Patient Navigator program offers support and assistance to Indigenous beneficiaries who are referred to St. John's, NL for medical treatment. The program provides a link between Indigenous communities and Eastern Health care providers.
Commercial Accommodation	Accommodation in a commercial establishment such as a hotel, motel, bed, and breakfast (B&B), or serviced apartment.
Dental Care	A medical need for dental exams and treatment based on an approved treatment plan.
Department of Health and Social Development (DHSD)	A department of the Nunatsiavut Government mandated with helping to protect, promote, and improve the health and well-being of Labrador Inuit through the provision of community-based programs and services, advocacy, and collaboration.

LGZ Dispatcher/RT Operator	The title is given to the employees of the Regional Provincial Labrador Grenfell Zone (LGZ) they are responsible for the coordination and scheduling of flights to the north and south coasts.
Dispenser	Licensed employee of a medical supply company responsible for dispensing medically related goods to beneficiaries.
Drug Formulary	A list of prescription drugs developed by Indigenous Services Canada (ISC) and approved for coverage by the national NIHB program.
Fiscal Financing Agreement (FFA)	An agreement negotiated between NG, the Provincial Government, and the Federal Government regarding program and service funding.
Indigenous Service Canada (ISC)	A department of the federal government that works collaboratively with partners to improve access to high-quality services for the Inuit.
Infant	Any person, less than 2 years of age, up to but not including their second birthday.
Interpreter/Translator	An individual who is fluent in English and Inuktitut, who understands medical terminology and procedures, and who can translate between medical professionals and beneficiaries.
Labrador Grenfell Zone (LGZ)	The geographic region which comprises the area north of Bartlett's Harbour and Englee on the Northern Peninsula of Newfoundland and all of Labrador.
Labrador Inuit Land Claim Agreement (LILCA)	An agreement between the Labrador Inuit Association, the Government of Newfoundland and Labrador and the Government of Canada that came into effect on December 1, 2005.
Language Barrier	Refers to the lack of common language that prevents two or more people from speaking with or understanding each other through verbal communication.

Medical Consultant	A physician contracted by NG DHSD to give advice and assistance to staff in making decisions related to unique medical situations which are not already covered by current policy.
Medical Escort	A physician, registered nurse, paramedic or any other health professional, e.g., a nurse practitioner.
Medical Supplies and Equipment	A medical need for a wide range of items such as: wheelchairs, walkers, prosthetics, orthotics, supplies for personal care needs, etc.
Medical Transportation	Air and ground travel, accommodations and meals for approved beneficiaries plus escorts (where applicable), who need to travel for medical services.
Medically Necessary	A procedure, item, drug, transportation or other service recommended by a health professional regarding a beneficiaries' health condition.
Medivac	A medical evacuation of a beneficiary from any given location to a health facility. The term "air ambulance" is often used to refer to a medivac.
Mental Health Counseling	A planned and scheduled therapeutic approach to mental health intervention which operates as part of a continuum of mental wellness programs.
Nearest Appropriate Facility	The facility located closest to the beneficiary's place of residence which is capable of providing the medically required health service appropriate to the beneficiary's medical condition. When health professionals are brought into the community to provide the service, the community facility is considered the nearest appropriate facility.
Non-Medical Escort	A non-medical escort, also known as a non-medical attendant, is a person who accompanies and assists someone who is unable to travel alone due to medical reasons. Examples could be a parent, guardian or family member.
Nunatsiavut Region	Communities of the Labrador Inuit Land Claims Agreement: Nain, Hopedale, Postville, Makkovik, and Rigolet.

Nutritional Supplement	A commercial preparation used to make up for a lack of, or deficiency of one or more nutrients that cannot be replaced by modifications to a normal diet.
Order	A note signed by a medical professional to a supplier asking that a medically related product be issued to a beneficiary.
Palliative Care	Care given to a beneficiary who is terminally ill. The focus is on meeting the physical, emotional, and spiritual needs of the individual while fostering the highest quality of life possible.
Pharmacy	The art, practice, or profession of preparing, preserving, compounding, and dispensing medical drugs.
Prescription	Authorized written prescription following the provincial regulations.
Private Accommodation	Accommodations that are not in a commercial establishment but rather at the home of a family relative, friend, or acquaintance.
Socially Incompetent	Describes a situation whereby a person cannot function in a given setting. E.g., traveling outside of the home community and having no skills to navigate airports, city settings, etc.
Skedevac	Medical appointment transportation plane operated by Labrador Grenfell Zone (LGZ).
Terminal Illness	A condition that cannot be cured or adequately treated and is expected to result in the death of the beneficiary.
Vision Care	A service that tests visual acuity and deems the need for glasses, contact lenses and corrective procedures (e.g. cataract surgery).

Introduction

The Nunatsiavut Government (NG) Department of Health and Social Development (DHSD) administers the Non-Insured Health Benefits (NIHB) program for beneficiaries of the Labrador Inuit Land Claim Agreement.

Funding for NIHB flows through the Fiscal Financing Agreement (FFA) between the Nunatsiavut Government and the Federal Government of Canada.

NIHB is a national program. NIHB provides eligible Inuit beneficiaries with coverage for various health benefits that are not covered through other social programs, private insurance, or provincial or territorial health insurance. NIHB covers some, if not all costs for medical, dental, vision, and pharmaceutical services. This program allows for the provision of medical-related services to maintain health, disease prevention, diagnose and treating illness, injury or death.

The purpose of this guidebook is to provide beneficiaries, NG staff, and health service providers with detailed instructions on how to access NIHB in this region.

The general categories of NIHB are:

- medical transportation
- vision care
- pharmacy
- medical supplies and equipment
- dental care
- mental health Counseling

Goal

The goal of the Nunatsiavut Government's Non-Insured Health Benefits Program is to advance the wellbeing of Labrador Inuit.

Objectives

The objectives of the Nunatsiavut Government's Non-Insured Health Benefits Program are to:

1. assist beneficiaries with access to provincially insured health programs and services that are not available in their home community and in their preferred language;
2. delivers NIHB programming in a culturally safe, efficient and equitable manner;
3. keeps an open and positive working relationship with funding agencies and health care providers at the private and government levels;
4. communicates with community members and community health staff, both internal and external to DHSD, on a regular basis;
5. continues to collaborate with other divisions within the DHSD, as well as other departments of the NG; and
6. to support national coordination on matters relating to Inuit health programs and policies.

Roles and Responsibilities

Indigenous Services Canada – First Nations and Inuit Health Branch (FNIHB)

ISC - FNIHB provides funding to the NG for the NIHB program, through fiscal financing agreements. ISC - FNIHB is also responsible for keeping the DHSD staff informed and involved in any changes or new initiatives specific to the NIHB program. ISC - FNIHB has specialists in various areas of NIHB who are available to the DHSD on an as-needed basis.

Nunatsiavut Government

The NG negotiates for the funding and service provisions required to deliver the NIHB program to Beneficiaries of the Labrador Inuit Land Claim Agreement.

The DHSD administers the NIHB program on behalf of Canada to all eligible beneficiaries of the Labrador Inuit Land Claim Agreement, utilizing funding negotiated by the NG. DHSD administers the NIHB program utilizing ISC policies and strives for fiscal accountability within all service provisions.

DHSD staff in the Regional office in Happy Valley-Goose Bay (HV-GB) are available to answer any questions or concerns. There are also staff located at the Labrador Health Center (LHC) in HV-GB who deal specifically with Medical Transportation details for beneficiaries. An Interpreter/Translator is also available on an “on-call” basis at the LHC for anyone who may need this service. This service must be made in advance of the medical appointment to ensure staff are available. All DHSD community offices have Community Health Workers (CHWs) who are knowledgeable in the NIHB program details and can help any beneficiaries or service providers with inquiries they may have.

Health Care Professionals

Healthcare professionals are the point of entry for beneficiaries when accessing their NIHB benefits. The health care professional shall prescribe the service according to the beneficiaries’ medical needs. All efforts will be made with healthcare professionals to provide ease of access to NIHB benefits.

Service Providers/Vendors

The service provider/vendor plays a very important role in ensuring the beneficiary receives the necessary goods and services as prescribed. A working relationship between the service provider/vendor and the NIHB staff is very important for the success of the program.

The service provider/vendor would be directly responsible for:

- asking if the beneficiary has health insurance with another agency or company;
- getting pre-authorization from NIHB staff where necessary.

Confidentiality

Confidentiality: NIHB will, at all times, work to ensure the security, privacy, confidentiality, and protection of a beneficiary's healthcare data. This is to ensure that beneficiaries' information is available to only those authorized to have access to it and is shared only as necessary and only with the consent of the client involved, beneficiary parent and/or guardian if it is a child.

Eligibility

All beneficiaries of the Labrador Inuit Land Claims Agreement are entitled to access eligible health programs and services as outlined in this guidebook.

New members may claim benefits retroactively to the date of their letter of approval from the NG Registrar, up to one year. Newborn members may be covered to receive NIHB benefits under their eligible parent for up to 24 months (2 years) of age. Parents or legal guardians are responsible for the membership application for their child.

Students are considered residents of their home community while attending post-secondary education. The billing for students will be done directly through the DHSD NIHB Department. Students are not required to change their address while enrolled in a post-secondary institution.

Beneficiaries residing in Long Term Care facilities are covered under the Medical Care Plan (MCP), as these facilities are operated by the provincial government and fall under its jurisdiction and responsibility.

The NIHB program maintains that it is the payer of last resort. The NIHB program should not be accessed for payment of benefits where a beneficiary has medical insurance for the same benefits through another program. When a beneficiary is employed by a company that offers payment of medical benefits as part of their employment package, these benefits should be accessed before NIHB. If there is a benefit that is not part of the package, or if the full cost of the benefits is not covered and falls within the NIHB policy, then the NIHB program will cover the outstanding costs.

In circumstances where a provincial government program **does not** provide adequate funding to cover the cost of the medical expense, in the amount equivalent to NIHB, DHSD will review the request on a case-by-case basis.

Medical Transportation

[Medical transportation benefits for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca/eng/1574177172364/1574177196509)

Link address: <https://www.sac-isc.gc.ca/eng/1574177172364/1574177196509>

Introduction

Medical transportation benefits include coverage for some or all travel expenses incurred by beneficiaries to access medically required health services to the nearest appropriate facility.

Exceptions, with justification and DHSD approval, may be granted to ensure beneficiaries are not denied access to medically required health services.

Medical transportation benefits may be provided for beneficiaries to access the following types of medically necessary health services:

- medical services defined as insured services by provincial or territorial health plans (for example, appointments with physicians, hospital care);
- diagnostic tests and medical treatments ordered by a physician or other health professional within their scope of practice and which are covered by provincial or territorial health plans;
- publicly funded alcohol, solvent, drug abuse, and detox treatment;
- traditional healers;
- Non-Insured Health Benefits (vision, dental, mental health, medical supplies and equipment); and
- publicly funded preventative screening such as breast cancer screening where coordination with other medical travel is not feasible.

Out-of-province travel is covered provided it is to the nearest appropriate health facility. E.g., if a specialist is not available in Goose Bay or St. John's, travel to Montreal could be covered as it would be considered the nearest appropriate health facility. Written medical justification, and preapproval, are recommended to ensure eligibility. If the service is available in the province of NL, beneficiaries will not be eligible for costs outside of the province.

All medical transportation benefits are considered only after the receipt of a referral letter from a medical professional. NIHB staff can only act on the information contained in these documents. Self-referrals for medical appointments are not accepted. In addition, requests for escorts by the beneficiary or a family member are also not accepted. Medical transportation benefits may be provided to one (1) approved escort, when medically necessary.

The transportation system and policies currently in place under the LGZ provide all air transportation within the five Inuit communities in Nunatsiavut. LGZ is responsible for the ground transportation for beneficiaries only, from the nursing station to the airstrip for medical evacuation.

For air and ground transportation outside of Nunatsiavut, the DHSD is responsible for arranging all requests through NIHB.

For pregnant **non-beneficiaries**, the NIHB program will cover the cost of transportation for pre-natal and delivery; under the other parent's beneficiary card. The baby would be covered up to the age of 24 months.

When a request for an eligible medical transportation benefit is denied, there is an appeal process available. The beneficiary or a designate acting on their behalf must initiate the appeal (see section on Appeals).

Criteria for Medical Transportation

Medical transportation benefits may be provided to beneficiaries under the following criteria:

- a health professional has determined that the medically required health service is not available in the beneficiary's community of residence.
- medical transportation benefits, including the use of escorts, must be accompanied by documentation from a medical professional before authorization by NIHB.
- in cases where a beneficiary is required to travel repeatedly on a long-term basis to access medical care/treatment, medical transportation benefits may be reviewed every quarter but must be supported by continuous medical documentation.
- beneficiaries and escorts must travel together and stay at the same accommodation unless there is medical documentation to prevent this. Separate hotel accommodations will not be provided for escorts, they have to be willing to share a physical space with the beneficiary.
- accommodations will be provided to escorts when beneficiaries are required to be hospitalized and will be reviewed on a case-by-case basis.

In cases where a beneficiary is required to be close to a medical facility for extended periods for ongoing medical care/treatment unavailable in the community of residence:

- the cost of meals, accommodation, and ground transportation, may be covered for up to a three-month transition period and a one-month grace period.
- The beneficiary can apply for an extension, providing documentation from a physician as to why the beneficiary must stay longer. This extension must be approved by the Deputy Minister of Health.
- in the event an extension is granted, routine documentation must be submitted for review every week or as requested. In addition, the beneficiary may be switched to a weekly per diem rate versus a daily rate.
- beneficiaries traveling outside of their home community, should have their IDs checked at their home community airport; two pieces of government-issued ID are allowed e.g. MCP card and an NG card.

Note:

A beneficiary residing in a Long-Term Care (LTC) facility can have two visits per year from a family member. The clerk at the clinic, in the family member's home community, will need to send an NIHB referral to NG NIHB staff stating who is coming and for what dates. The visiting family member can stay for one week with accommodations and meals covered under the NIHB program.

Modes of Transportation

The most efficient and economical mode of transportation in response to the urgency of the situation and the medical condition of the beneficiaries, is to be utilized at all times. Beneficiaries who choose another mode of transportation differing from that noted above will be responsible for any difference in cost between the two (if the beneficiary's preferred mode is the more expensive of the two).

When scheduled and/or coordinated medical transportation benefits are provided by NIHB and beneficiaries choose to use another mode of transportation, the beneficiary will be responsible for the full cost upfront and will be reimbursed at rates consistent with the rate paid by NIHB.

The following modes of transportation (including wheelchair-accessible vehicles) may be considered for medical transportation benefits:

Ground Travel

- Nunatsiavut Ground Transportation
- Commercial taxi
- Bus
- Ground ambulance
- personal vehicle
- Contracted driver and vehicle

Air Travel

- Scheduled medical flights (skedevac)
- Air Ambulance (medivac)
- Commercial flights

All methods of travel are to be pre-approved by NIHB Medical Transportation staff.

Ground Transportation

The use of a scheduled and coordinated Ground Transportation Driver and vehicle is available in Upper Lake Melville (ULM) and a contracted driver with a vehicle is available in St. John's for traveling beneficiaries. Taxis are available for use when authorized by a representative of DHSD – NIHB.

Happy Valley-Goose Bay (local beneficiaries)

This service is provided to beneficiaries who have appointments for medical services and their approved escorts only.

- Beneficiaries who reside in HV-GB and **DO NOT** have access to their own means of transportation, may use the NIHB Ground Transportation service for medical appointments.
- Rides are available to and from the pick-up point and the medical appointment only.
- Beneficiaries must call the Ground Transportation Service provider at 709-896-1995, 24 hours in advance to have themselves listed for a ride.

The use of commercial taxis will not be approved for beneficiaries residing in HV-GB.

Happy Valley-Goose Bay (coastal beneficiaries)

This service is provided to beneficiaries and their approved escorts who are traveling from coastal communities into HV-GB for medical services or who have to travel outside HV-GB to access medical services. NIHB staff will provide the van driver with a list of names and appointment times daily.

The use of commercial taxis will not be approved when scheduled and/or coordinated medical transportation is available from NIHB.

The procedure for ground transportation in ULM is as follows:

- the LGZ dispatcher (RT) or the NIHB Client Liaison will inform the van driver of incoming beneficiaries and approved escorts;
- the van driver is responsible for transporting beneficiaries from the airport to their place of accommodation and back to the airport for outgoing flights;
- the van driver will transport beneficiaries and approved escorts from their place of accommodation to all medical appointments with a stop at a pharmacy to fill prescriptions if needed; and,

- the beneficiary is responsible for calling the van driver to inform them of appointments, etc. (this can also be done by the NIHB Client Liaison).

North West River (NWR)

This service is provided to beneficiaries who have appointments for medical services and their approved escorts only.

- Beneficiaries who reside in NWR and **DO NOT** have access to their own means of transportation may use the NIHB Ground Transportation service for medical appointments.
- Rides are available to and from the pick-up point and the medical appointment only.
- Beneficiaries must call the Ground Transportation Service provider at 709-896-1995, 24 hours in advance to have themselves listed for a ride.

When traveling for medical appointments outside of HV-GB, residents may claim for private vehicle parking costs and kilometers traveled. Pre-approval authorization is required.

Outside the Upper Lake Melville area

Ground transportation for those approved, for travel in the St. John's area is covered through a contracted ground transportation service. NIHB Medical Transportation Analysts, inform the providers of incoming beneficiaries who need a ride from the airport.

Ground transportation to other centers will be arranged individually with the NIHB Medical Transportation Analyst. Ground transportation in these areas is by the most economical means e.g. a Beneficiary traveling to London, Ontario for specialty services, would likely have to use the public bus system to attend appointments but use a commercial taxi to get to and from the airport.

Taxi travel is either by voucher or by reimbursement of expenses via receipt. These details should be arranged before a beneficiary departs for a trip.

Air Transportation

Air transportation for beneficiaries and approved escorts is covered in different ways depending on the destination. If a beneficiary and/or approved escort is traveling from Nunatsiavut to HV-GB, NIHB will pay the skedevac administration fee (subject to periodic review) charged by LGZ. Airfare for those beneficiaries who travel beyond the LGZ is paid by NIHB, via commercial airlines. All air transportation is provided for medical reasons only and requires a medical referral.

LGZ includes the North and South Coast of Labrador and the Northern Peninsula of Newfoundland.

If departing their home community, ‘early’, the beneficiary must sign a waiver stating they will reimburse NIHB, the cost of airfare, accommodations, and meals if their appointment gets canceled or rescheduled.

If the beneficiary is departing their home community, ‘early’, or staying at the destination longer, the beneficiary is responsible for their accommodations, and meals before or after their scheduled appointment time.

Procedure for air transportation:

1. Arrangements begin upon receipt of a referral letter from a health care professional. This can come in from the beneficiary or the health care professional.
2. Once the NIHB Transportation Analyst has approved the travel, arrangements are made.
3. The NIHB staff will use the designated travel agency to book any air transportation.
4. Beneficiaries traveling from Nunatsiavut to HV-GB, must check in upon arrival at the LHC NIHB Liaison office. The NIHB staff will ensure all the necessary forms and written information are given to the beneficiary and approved escort.

Emergency Transportation

NIHB will cover the cost of ambulance services, both air, and ground, when they are required for emergencies. NIHB does not arrange medivacs in any way, this is done solely by LGZ staff. NIHB staff may become involved only if a request is made by medical personnel for the provision of interpreter services or travel arrangements for approved escorts.

Salaries for doctors or nurses accompanying the beneficiaries on the ambulances are not covered through NIHB.

Licensed ambulance operators will be reimbursed according to the terms, conditions, and rules of the ambulance payment schedules, normally set by provincial health regulators.

Medical Transportation Analysts and Client Liaison

Introduction

NIHB has Medical Transportation Analysts situated at the Regional Office in HV-GB, as well as a Client Liaison situated at the LHC. The Client Liaison at the LHC is there to help beneficiaries navigate the healthcare system.

The main objective of these staff members is to assist beneficiaries in detailed arrangements for medical transportation benefits and ensure beneficiaries have all the necessary information, and resources they need to get to their appointments. The Liaison will also ensure Interpreter/Translator services are available to beneficiaries, whenever necessary. Requests for Interpreter/Translator services should be made in advance of the beneficiaries' travel. Every effort should be made for an Interpreter/Translator to travel with a unilingual beneficiary from their home community.

Staff at these offices will assist beneficiaries with arrangements for air and ground transportation, as well as accommodations and meals.

Confirmation of Attendance at Appointments

When accessing medical transportation benefits, confirmation that the beneficiary has an appointment for a medically required health service must be obtained from the health care professional or their representative and submitted to NIHB.

When a beneficiary does not attend a scheduled appointment or does not complete their course of treatment as prescribed by the medical professional and medical transportation benefits have been approved, the beneficiary may have to assume the cost of the return trip to access medically required health services unless justification is provided to explain why the beneficiary was unable to attend their appointment.

Refusal of Treatment

If a beneficiary has discharged themselves against medical advice, NIHB will not assist in the provision of medical transportation to return the beneficiary to their home community. In addition, the beneficiary is also responsible for all associated costs such as accommodations, meals, etc.

In the case of a beneficiary attending an alcohol/drug abuse treatment facility, a one-way ticket will be provided. Return tickets will be issued upon completion of the treatment program.

In the case of a treatment program not being completed, assistance for transportation benefits will only be provided upon the recommendation of the Treatment Center Director or authorized staff member and it is also authorized by the NIHB Medical Transportation Analyst. The beneficiary may have to repay the return cost of travel if their treatment plan is not completed before any future treatment benefits are accessed. Children will be provided return transportation assistance whenever the treatment center staff feel that they have finished their treatment, or even if they have not completed their treatment.

Guide to Requesting an Escort

Medical transportation benefits may include the provision of one (1) medical (e.g. health practitioner) or non-medical escort (e.g. family, friend, etc.) per beneficiary traveling to access medically required health services. The use of an escort must be preauthorized by NIHB. The length of time for which the escort is authorized will be determined by the beneficiaries' medical condition or legal requirements.

Medical transportation benefits may be provided to relieve the first escort when the beneficiary has to stay for an extended period (a minimum of two weeks or longer). This is not an automatic process; each situation will be determined on a case-by-case basis, such as:

- if a beneficiary has to stay just beyond 14 days and is aware before departure of the amount of time that is required to stay, an escort change will not be granted;
- this benefit may be provided once only for a full hospital/treatment stay;
- this benefit will be provided to beneficiaries who are away from home for extended periods receiving out-patient treatment; and
- Beneficiary students under the age of 18 years, who are living and studying outside of the home community, are entitled to one escort from the home community to attend medical appointments with the student. Medical documentation is required for the request of an escort.

Coverage for non-medical escort may be approved when there is a legal or medical requirement that results in the beneficiary being unable to travel alone, such as where:

- the beneficiary is a minor;
- the beneficiary requires mobility assistance and alternative legal consent or decision making. (e.g. the beneficiary has a permanent condition and as a result will always require assistance while traveling, such as beneficiaries with mobility issues, or development disabilities);
- escort travel previously approved as part of a series of related treatments.
- the beneficiary requires assistance with activities of daily living, such as dressing, eating and bathing;
- the beneficiary faces a language barrier. (e.g., health services at the referred location are not available in the beneficiary's spoken language);
- the beneficiary is to receive instruction on specific and essential home medical or nursing procedures that cannot be given to the beneficiary only;
- the beneficiary is undergoing a medical procedure such as outpatient general anesthetic or has a medical condition that will result in the beneficiary requiring assistance during the trip;
- when a breast fed infant is accompanying their mother who is seeking medical services, and the infant requires care during the mother's medical appointment;

- when the beneficiary has been diagnosed as needing palliative care outside of the home community as indicated on the beneficiary's referral; and,
- when the beneficiary has been diagnosed with Cancer and is traveling for diagnostic testing and/or treatments, not regular follow up appointments.

The criteria for a non-medical escort for a pregnant woman who is a beneficiary, or who is a partner of a beneficiary, is as follows:

- If pregnant women are traveling to HV-GB at 36 weeks to await delivery (healthy pregnancy), an escort will be approved, but an escort change will be denied.
- For pregnant women with complicated pregnancies needing to travel for confinement (early labor) earlier than 36 weeks, they will be approved for an escort change as they should now be deemed a 'medical' beneficiary.

Second escorts can be approved in exceptional circumstances (additional medical justification is required).

NIHB staff are not responsible for providing or choosing a suitable escort, this is the responsibility of the beneficiary and/or their family.

When coverage for an escort has been authorized, the family should use the following criteria in selecting the escort:

- a family member who may be required to sign a consent form to provide a patient history, who is also the patient's next of kin;
- physically capable of taking care of themselves and the beneficiary and not requiring assistance themselves;
- able to share personal space to support the beneficiary (e.g. recommended to stay at the same place as the beneficiary, NIHB will not fund separate commercial accommodation for the beneficiary and escort);
- interested in the well-being of the beneficiary;
- a reliable member of the community;
- someone who is willing to stay with the beneficiary and be able to provide assistance for an extended period of time;
- when necessary, proficient in translating between Inuttitut and English; and,
- able to drive if the role includes providing ground transportation.

Intoxicated Beneficiaries/Escorts

Beneficiaries who are using the NIHB program have a responsibility to conduct themselves in a manner which is safe and non-threatening to others. Beneficiaries and/or escorts who are in an intoxicated state are not able to make good judgments regarding their behavior or their medical treatment. For these reasons NIHB has developed the following procedures when staff are dealing with beneficiaries who are in an intoxicated state:

- if a person is found to be intoxicated upon entering an NIHB office the beneficiary and/or escort will be asked to leave;
- explain to the beneficiary and/or escort, in a calm manner to return when sober;
- in the event the beneficiary and/or escort becomes disorderly as a result of being asked to leave, the staff member shall call the police or the security personnel of the building;
- beneficiaries who have missed a flight or other transportation arrangements because they are intoxicated, will be responsible for forfeited/lost ticket and will be invoiced for the costs to NIHB;
- missed appointments due to intoxication are to be rescheduled by the beneficiary at a later date;
- beneficiaries who are intoxicated during a telephone conversation are asked to call back when sober;
- if a beneficiary is intoxicated during medical appointments and causing a disturbance and/or at place of accommodation, then the hospital security or accommodator will contact the RCMP; and,
- the beneficiary will not be allowed to return to the establishment and will have to find their own accommodations.

Accommodation

Accommodation benefits include hotels, Friendship Centre facilities, private accommodators and bed and breakfast lodgings (including air B&B's). In instances when NIHB has contracted commercial accommodations, these accommodations will be utilized first. Air B&B's are used as a last resort in the HV-GB area. Air B&B's outside of HV-GB can be booked by the beneficiary and NIHB will reimburse up to \$175 per day, taxes included. When traveling beyond HV-GB, beneficiaries/escorts that choose to stay at a hotel of their choice can be reimbursed at a rate of \$175 per day, taxes included, NIHB have accounts with several commercial hotel establishments in St. John's.

Arranging of hotel accommodations for stays in HV-GB is completed once the beneficiaries have checked in with the NIHB Client Liaison at the LHC Office. If beneficiaries prefer, they can book hotel accommodations in advance using their own credit card. Once trip is complete, beneficiaries can be reimbursed up to \$175 per night for the hotel accommodations. However, if the beneficiary does not arrive at the location of their appointment, due to weather or a canceled appointment, it is their responsibility to contact the hotel and cancel the reservation. If the beneficiary forgets to cancel the hotel reservation, the beneficiary will be charged for the booking. NIHB will not be responsible for any charges related to the accommodations. Other expenses are the responsibility of the beneficiary (e.g. telephone charges, room damage, movie rentals, room service, tips, gratuities, etc.) and will not be reimbursed.

If a beneficiary drives from the South Labrador Coast to HV-GB for their medical appointment(s), NIHB will cover the mileage at the NIHB approved rate of 0.28 cent/kilometer. This will cover, two (2) nights' accommodations and meals, for the day of departure from home community, day of the appointment, breakfast and lunch on the following day they drive back home.

When a beneficiary books their own hotel accommodation they are not entitled to meal costs provided up front, but rather will submit a meal claim form once returned to their home community, or the appointment coverage period has expired.

In the event of adverse weather, NIHB cannot extend hotel accommodations until flights are cancelled for the day. Beneficiaries have to check out of hotel at checkout time. NIHB can rebook hotel once notified of flight cancellation for the day.

Private accommodation, NIHB will pay:

Child (0-3 years)

Without meals \$25/night

With meals \$50/night

Adult (4 years – Adult)

Without meals \$50/night

With meals \$100/night

Electronic travel claim form can be found by using the following link:

<https://nunatsiavut.com/forms-documents/>

Private accommodations forms may be mailed to:

P.O Box 496, Station C
Happy Valley Goose Bay, NL
A0P 1C0

Emailed to nihb@nunatsiavut.com
Faxed to 709-896-9761

Forms can also be dropped off in the NIHB drop box at the entrance of the Regional office at 218 Kelland Drive, Happy Valley-Goose Bay, NL.

Meals

Assistance with meals may be provided when time away from the beneficiary's home community or the place of accommodation to attend medically required appointments is over a meal period. Assistance will be provided as per the NIHB meal voucher system or reimbursed.

Beneficiaries traveling from the North Coast by ferry to attend medical appointments will be eligible for meal coverage under the Non-Insured Health Benefits (NIHB) program for the entire day of travel, which corresponds to the day they would have otherwise traveled by airplane.

The current rates are:	<u>Children (0-3 inclusive)</u>	<u>Adults (4 years – Adult)</u>
	Breakfast \$8.75	\$17.50
	Lunch \$8.75	\$17.50
	Supper \$17.50	\$35.00
	Daily Total = \$35.00	Daily Total = \$70.00

Escorts are entitled to receive meal vouchers under the following criteria:

- is an approved escort of a beneficiary who is having day surgery;
- is an approved escort of a beneficiary who is attending an appointment during meal time; and,
- is an escort of a beneficiary who has to stay at the hospital over an extended period of time.

Meal vouchers may be issued by NIHB Medical Transportation Analyst's, NIHB Client Liaison or an Indigenous Patient Navigator. Vouchers are issued by the meal, per day or longer, depending on the situation. Health Sciences Cafeteria accepts NIHB meal voucher's via fax for beneficiaries/escorts being medivaced over weekends.

NIHB will provide a 'top-up' for beneficiaries receiving Income Support while traveling for approved medical services. NIHB will top-up to \$70 per day for adults and \$35 per day for children 0-3 years old.

Reimbursement of Eligible NIHB Travel Expenses

Reimbursement of costs for NIHB-related expenses for beneficiaries, approved escorts and services will be considered based on the principles set out in this guidebook, which include:

- negotiated rates; and,
- the actual expense of items as per the rates set out in the guidebook with the submission of original receipts.

Only service providers who have a negotiated arrangement or who have been approved by NIHB will be reimbursed for medical transportation benefits they have provided.

All invoices submitted for payment for the reimbursement of expenses for medical transportation benefits must be submitted within one (1) year of the service being provided. Requests for reimbursements more than one (1) year after the service is rendered will be rejected.

Medical transportation benefits include coverage for some or all of the travel expenses incurred by beneficiaries to access medically required health services to the nearest appropriate health facility. If beneficiaries wish to access equivalent service elsewhere, they will be responsible for the difference in cost of traveling to a facility away or by a costlier mode.

Reimbursement to the beneficiary for meal allowances and private accommodation will be set as a maximum as per the rates set out in this guidebook.

Exclusions for Medical Travel

Certain types of travel, benefits, and 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 assistance with:

- a. compassionate travel
- b. appointments for clients in the care of federal, provincial, or territorial institutions such as incarcerated clients
- c. court-ordered treatment and assessment or as a condition of parole, coordinated by the justice system
- d. appointments while traveling outside of Canada, for services not covered by provincial or territorial health or social programs, other publicly funded programs, or private insurance
- e. travel for clients residing in their home community where the appropriate health services are available locally
- f. travel for a third-party requested medical examination; for example, a medical certificate for employment
- g. the return trip home in cases of an illness while away from home other than for approved travel to access medically required health services
- h. travel only to pick up new or repeat prescriptions or vision care or medical supply and equipment products where a fitting is not required
- i. travel to access health-related services that are not identified in section 1.3, unless coordinated
- j. payment of professional fees or fees for preparation of doctor's note or other document preparation to support provision of benefits
- k. transportation to adult day care or respite care

Inuit Child First Initiative

The Child Services Program began in 2020 and is funded by ISC (Federal Government) to ensure an Inuit child's needs are not going unnoticed and unmet.

The Inuit Child First Initiative (ICFI) is a program that ensures Inuit children (ages 0-18) have access to the essential government-funded health, social, and educational products, services, and supports they need, that are not covered by other programs (e.g. NIHB, CSSD).

All applications must be accompanied by supportive documents that link the child's need/diagnosis to the service or support requested:

- a letter from a registered health professional;
- a letter from a Social Worker or Therapist;
- additional letters of support from parents or guardians outlining family size, history, and financial situation are also helpful in recognizing substantive equality;
- a formal quote or budget for services must also be submitted;
- beneficiaries can submit their application by having the application and support documents ready and contacting the National Call Centre at 1-855-572-4453, available 24 hours per day, 7 days per week; and,
- alternatively, ICFI Child Services Workers can help complete the application, coordinate support letters, and access culturally relevant services, before making a formal application.

Example:

If a mother has to travel with a child for medical services, and has other children, in certain circumstances, the other children may have to travel with the mother and child needing medical care (e.g. breastfed children or no child care).

In this scenario, NIHB provides funding for the child traveling for medical services, and the mother is the care provider. NIHB would not provide funding for the other children, funding would have to be from another program (s), i.e. ICFI.

Interpreter Services

Beneficiaries and/or medical professionals can access the interpretive services through the NIHB Client Liaison office at the LHC. This service can be accessed in person or over the telephone. Interpreter/Translator travel to accompany a client for a medical appointment may be considered if deemed necessary.

The criteria for traveling interpreter services are as follows:

- Medical referral for the beneficiary must identify the need for Interpreter/Translator services;
- Beneficiary must be unilingual or state difficulty in understanding and discussing their health condition in the English language;
- The interpreter must be able to provide the verbal and/or written service(s) for the beneficiary and be available to the beneficiary at all times;
- Beneficiary and/or their family can choose the Interpreter for the beneficiary or NIHB can provide an Interpreter; and,
- In the case whereby an Interpreter is traveling to support the unilingual client, acting solely as the Interpreter and is not responsible for assisting the beneficiary physically, the Interpreter will be provided with a private room within the vicinity of the beneficiary.

Traveling Interpreters are paid at the rate of \$150 per day. An advance of \$150 can be requested before departure and the remainder will be paid upon return from medical travel. Advance requests must be sent within seven (7) days before travel, and forwarded to the Medical Transportation Analyst for review.

Policy for the traveling Interpreter/Translator can be found by opening the following link:
<https://nunatsiavut.com/forms-documents/>

Interpreters are expected to:

- Accompany the beneficiary to all medical appointments;
- If the Interpreter has a dual role of acting as Interpreter and escort they will assist the beneficiary physically when necessary;
- If the Interpreter has the sole role of interpreting they will not be responsible for assisting the beneficiary physically. This will fall under the role of the escort; and,
- Be available to the beneficiary at all times en route to and from the health care facility and/or place of accommodation.

Interpreters can be replaced if they are not able to provide services as outlined above or if they behave in an unprofessional or potentially harmful manner if an alternate is available.

NIHB can have any written information regarding a beneficiaries' medical condition, medical instructions, etc., translated into Inuktitut at no cost to the beneficiary.

Vision Care

[Vision care benefits for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca/eng/1574179499096/1574179544527)

Link address: <https://www.sac-isc.gc.ca/eng/1574179499096/1574179544527>

NIHB will assist beneficiaries in receiving vision care. NIHB provides vision services to the five north coast communities. NIHB will make all necessary arrangements and provide an eligibility list, in conjunction with local DHSD community staff and the local LGZ nursing clinic.

Beneficiary eligibility criteria:

- Examination and replacement of prescription eyeglasses will be provided:
 - for those 18 years or over, one examination and one pair of eyeglasses every two years; and,
 - for those under 18 years, one examination and one pair of eyeglasses every year.
- New eyeglasses will be provided if there is a visual change of 0.5 diopters or greater.
- Examination outside the above policy will only be considered with a medical referral for a specific medical condition.

Process for vision services in Nunatsiavut:

- the DHSD community office provides the NIHB Vision Analyst with a vision beneficiary list for verification of eligibility before the mobile clinic;
- the NIHB Vision Analyst will verify eligibility (check beneficiary membership and date of last appointment);
- during the appointment the Optometrist will ensure the beneficiary understands what the NIHB program covers and what the beneficiary would be responsible for should they choose to incur any additional cost; and,
- DHSD Regional Office will maintain a computerized registry of ophthalmic services provided to each member and record all calls for authorization from Optometrist and beneficiaries.

Process for vision services outside Nunatsiavut:

- the beneficiary contacts the NIHB Vision Analyst to verify eligibility for vision services;
- the beneficiary is responsible for booking their appointment once eligibility is verified; and,
- the vision clinic contacts the NIHB Vision Analyst to confirm eligibility.

Note: Any charges incurred by the beneficiary over the “Schedule of Fees”, will be the sole responsibility of the beneficiary (e.g. a more expensive frame, tinting not medically necessary, etc.).

Exclusions: are goods and services that will not be covered by the NIHB program under any circumstances and are not subject to the NIHB program's appeal process.

Exclusions include:

- additional eye exams or costs over the coverage eligibility or frequency to obtain employment, a driver's license or to engage in sports activity, or at the request of a third party (for example, completing a report or medical certificate)
- eyeglass cleaning kit
- no tears shampoo
- any vision items for aesthetic purposes (for example, non-prescription glasses or cosmetic contacts)
- contact lens solution
- replacements for adults as a result of misuse, carelessness, or client negligence
- implants (for example, punctal occlusion procedure and intraocular lenses)
- refractive laser surgery
- treatments with investigational or experimental status (for example, intense pulse light for dry eye treatment)
- vision therapy and associated tests, such as binocular vision testing
- eyewear purchased online or outside Canada
- tele-optometry eye examinations
- automated sight or vision tests (these do not assess eye health)
- eyewear protection plan, or extended warranty (as repairs are covered under section 3.4.7 – Exception: Repairs or replacement due to breakage, damage, or loss)
- polarized lenses

[Vision Care Exclusions \(ISC\)](#)

Link address: <https://www.sac-isc.gc.ca/eng/1579545788749/1579545817396#s3-5>

Dental Care

[Dental benefits for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca/eng/1574192221735/1574192306943)

Link address: <https://www.sac-isc.gc.ca/eng/1574192221735/1574192306943>

NIHB will assist beneficiaries in receiving dental care. NIHB employs a dental care team that provides service to the five communities in Nunatsiavut.

Process for dental services in Nunatsiavut:

- The NIHB Analyst will work with community staff and the local LGZ nursing clinics to make all necessary arrangements and confirm eligibility for dental services;
- The DHSD community office maintains a list of beneficiaries who request to be seen by the Dentist and/or Hygienist at their next community visit;
- The Dentist and/or Hygienist sets up an appointment date and time with the beneficiary;
- Dental fees, are fully covered by NIHB. However, if a beneficiary has private insurance, a claim will be submitted by the NIHB Dental Analyst to the private insurer for payment coverage. The dental team travels to each Nunatsiavut community every 4-6 weeks, therefore only emergencies are sent to HV-GB.

Process for dental services outside of Nunatsiavut:

- The beneficiary is responsible for booking their appointment at a dental clinic;
- Beneficiaries must avail of their private insurance before submission to NIHB for reimbursement.

Note:

NIHB uses the NL Dental Fee Guide as the fee structure for dental service coverage; and, regardless of where in Canada a beneficiary accesses dental services, the rates apply. NIHB covers 90% of the current NL Dental Fee Guide. Therefore, if you live outside of Nunatsiavut (e.g. Goose Bay, or Vancouver) you always incur a balance.

All dental offices in Goose Bay will directly bill NIHB.

Insurance:

- If you have primary insurance coverage, this is to be utilized first, and where eligible, NIHB will cover the balance.
- Any provincial plan such as MCP; Children, Seniors and Social Development (CSSD); Department of Justice, etc. will need to be utilized first as well.

Pre-determinations:

- The dental providers can submit a predetermination plan for review by the NIHB Dental Analyst and then the beneficiary will know 'up front' what their balance will be.

Orthodontist:

- Predeterminations are required.
- For children under 18 years of age, NIHB will cover the cost of collecting the information but there is no guarantee that braces will be approved.

Process for Denturist in Nunatsiavut:

- If a beneficiary is in the process of having Phase 1 treatment (Fillings, cleaning, extractions, etc.) this has to be completed before a referral to the Denturist;
- When Phase 1 treatment is complete, the Dentist will refer a beneficiary to the Denturist;
- The dentist then sets up the appointment date and time with the beneficiary.

Process for Denturist outside of Nunatsiavut:

- The beneficiary is responsible for booking their appointment at a dental clinic with a denturist. The beneficiary does not need a referral from a Dentist.
- Beneficiaries must avail of their private insurance before submission to NIHB for reimbursement.

Note:

Any beneficiary requesting to see a specialist (Endodontist, Periodontist, Oral Surgeon) must be referred by a Dentist in their home community.

Exclusions: are dental procedures that are outside the mandate of the NIHB program and will not be considered for coverage nor considered for appeal. These services include, without being limited to:

- veneers in composite or ceramic
- all 3/4 crowns
- cosmetic treatment, including teeth whitening
- inlays/onlays in composite, precious metal, or ceramic
- temporomandibular joint therapy and appliances
- fixed prosthodontics (bridges and all bridge-related procedures)
- periodontal appliances, including bruxism appliances (night guards)
- mouth guards
- crown lengthening
- implants and all implant-related procedures
- bone grafts
- extensive rehabilitation

- fluorescent diagnostic light
- oral myofunctional therapies and appliances

[Dental Exclusions List \(ISC\)](#)

Link address: <https://www.sac-isc.gc.ca/eng/1579538771806/1579538804799#a9f>

Medical Supplies and Equipment

[Medical supplies and equipment benefit for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca/eng/1579620079031/1579620259238)

Link address: <https://www.sac-isc.gc.ca/eng/1579620079031/1579620259238>

The NIHB program covers select prescriptions and over-the-counter medications. In addition, items covered through the Medical Supplies & Equipment (MS&E) benefit are intended to address NIHB beneficiaries' medical needs in relation to basic activities of daily living (ADL) such as eating, bathing, dressing, toileting, and transferring. All items require a prescription from a health care provider (Nurse Practitioner, Physician, Dentist, OT, Physiotherapist, etc.).

Special Authorization (SA) items may be considered for assistance if there is a demonstrated medical need accompanied by a prescription and upon the approval of an authorized NIHB Pharmacy, Equipment & Supply Analyst. The Dispenser/Pharmacist will confirm the eligibility of the beneficiary and if the drug and/or MS&E is on the formulary.

In the event, that the beneficiary has third-party insurance, the Dispenser/Pharmacist will arrange for billing according to the individual coverage. NIHB maintains that it is the payer of last resort. If a beneficiary is partially covered, by another program, the remaining charges, for eligible items, will be covered by the NIHB program.

Exclusions: are MS&E items that are not listed in the NIHB MS&E Guide and Benefit Lists for First Nations and Inuit and cannot be considered for coverage or appealed. The examples listed under general headings are not exhaustive. If unsure of coverage, please contact the NIHB office for further information.

Exclusions are items that do not fall within the NIHB mandate including but not limited to:

- items used exclusively for sports, work, or school
- items for cosmetic purposes
- experimental equipment and/or experimental therapy
- therapy treatment (for example, occupational therapy, physiotherapy, speech therapy, chiropractic, massage therapy, etc.)
- therapy equipment (for example, treadmills, exercise balls, etc.)
- household items/products (for example, cleaning supplies, furniture, security systems, internet, etc.)
- home renovations (for example, ramps, stair lifts, etc.)
- medical treatment (for example, surgery, insured or not)
- repair of items under warranty
- environmental controls

[MS&E Exclusions \(ISC\)](https://www.sac-isc.gc.ca/eng/1585321312092/1585321331369#s1-6)

Link address: <https://www.sac-isc.gc.ca/eng/1585321312092/1585321331369#s1-6>

Prescription Drugs

[NIHB \(express-scripts.ca\)](https://nihb-ssna.express-scripts.ca/en/0205140506092019/12)

Link address: <https://nihb-ssna.express-scripts.ca/en/0205140506092019/12>

The NIHB program covers select prescriptions and over-the-counter medications. In addition, items covered through the Medical Supplies & Equipment (MS&E) benefit are intended to address NIHB beneficiaries' medical needs in relation to basic activities of daily living (ADL) such as eating, bathing, dressing, toileting, and transferring. All items require a prescription from a health care provider (Nurse Practitioner, Physician, Dentist, OT, Physiotherapist, etc.).

Special Authorization (SA) items may be considered for assistance if there is a demonstrated medical need accompanied by a prescription and upon the approval of an authorized NIHB Pharmacy, Equipment & Supply Analyst. The Dispenser/Pharmacist will confirm the beneficiary's eligibility, and if the drug and/or MS&E is on the formulary.

If a beneficiary has third-party insurance, the Dispenser/Pharmacist will arrange for billing according to the individual coverage. NIHB maintains that it is the payer of last resort. If a beneficiary, is partially covered by another program, the remaining charges, for eligible items, will be covered by the NIHB program.

Exclusions: are products not listed on the Drug Benefit List and not available through the exception or appeal processes. These include certain therapies for particular conditions that fall outside of the NIHB mandate. Examples of categories of products* that are not considered for coverage under the program under any circumstances are as follows:

- anti-obesity drugs
- household products (for example, regular soaps and shampoos)
- cosmetics
- alternative therapies, including glucosamine and evening primrose oil
- megavitamins
- investigational or experimental products
- drugs for travel
- hair growth stimulants
- impotence drugs
- opioid-containing cough preparations

*Note: The list of excluded products is not exhaustive and may be modified as necessary.

[Prescription Drug Exclusions \(ISC\)](https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766#s2-5)

Link address: <https://www.sac-isc.gc.ca/eng/1576430557687/1576430636766#s2-5>

Mental Health Counseling

[Mental health Counseling benefits for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca/eng/1576441552462/1576441618847)

Link address: <https://www.sac-isc.gc.ca/eng/1576441552462/1576441618847>

The NIHB provides limited funding for professional mental health counseling for beneficiaries needing mental health Counseling/therapy. Mental Health Therapists can provide funding for these services from the disciplines of:

- psychology, psychiatric nursing, and, or social work; and
- are registered with their professional body in good standing (indicating their registration number on the provider application)

Funding may be provided following the approval of the following applications:

- Mental Health Counseling Coverage Application for Beneficiaries of the Labrador Inuit Land Claims; and, or
- NIHB Private Mental Health Counseling Provider Registration Application.

The following is covered by NIHB mental health service upon approval of the application:

- Eligible clients can receive up to 22 hours of counseling performed by an approved provider, within the 12-month calendar year (Jan-Dec), on a fee-for-service basis (such as individual or group counseling). Additional hours in the same 12-month calendar year may be provided on a case-by-case basis.
- Eligible clients are entitled to a maximum hourly rate of coverage for each province & territory they permanently reside in, and it can be found:
 - [NIHB \(express-scripts.ca\)](https://www.express-scripts.ca).

The following are **not** covered by NIHB mental health service:

- Psychoeducational testing assessments, educational and vocational Counseling, life skills training, life coaching/mentoring, early intervention/enrichment programs, sexual surrogacy/surrogate partner therapy, neuromodulation, or other medical treatment such as psychedelic-assisted psychotherapy.
- Conversion therapy (any practice, treatment, or service designed to change or repress a person's sexual orientation, gender identity/expression).
- Accommodations and treatment fees for facility-based addiction treatment (publicly funded addiction treatment is available to eligible beneficiaries through the ISC's Mental Wellness program or programs funded, by provincial or territorial governments).

NIHB funds should be used only for professional mental health therapy/counseling services. Situations where this applies are:

- early intervention, short-term therapy for at-risk crisis situations;
- therapy is not available through other ISC programs or provincially funded facilities;
- the service is provided based on diagnosis and treatment plan which must be prior approved by a mental health professional; and
- treatment may be provided to beneficiaries in a private practice setting and extended to individuals in their community.

Criteria

Benefits are provided under the following conditions:

- Fee coverage - for professional mental health therapists for the initial assessment and development of a treatment plan as necessary.
- Mental Health Treatment - by, or supervised by, professional health therapists.
- Family or Group Therapy - covering fees associated with individual, conjoint (couple), family, or group therapy sessions can be provided.
- Sessional Therapy - when it is deemed cost-effective to transport a professional mental health therapist to a remote community.

Exclusions: The following goods and services are exclusions and will not be covered by the NIHB program and are not subject to the NIHB program's appeal process:

- services to non-eligible individuals
- claims submitted on behalf of another provider, whether the provider and client are eligible. Providers may only submit claims under their provider number
- claims submitted for missed/no-show or canceled appointments
- other non-counseling time, such as "on-call" after-hour availability, waiting/travel time, or administration (as noted in section 3.3 Eligible services: Coverage and frequency guidelines, ISC), or other non-counseling hours spent with clients such as meal(s), transportation, or social time
- any service by a non-eligible provider, regardless of its purpose (see section 2.1 Provider eligibility)
- professional or other fees for ceremony or other traditional practices carried out by the provider or another person (see section 1.1 Purpose of the guide for additional information on traditional healing in support of mental health counseling OR contact your local community for information on Elder and Traditional Healer services they may offer)
- services that are not mental health counseling/psychotherapy (including, but not limited to psychoeducational testing assessments, educational and vocational counseling, life skills training, life coaching/mentoring, early intervention/enrichment programs, sexual surrogacy/surrogate partner therapy, neuromodulation or other medical treatment such as psychedelic-assisted psychotherapy)
- conversion therapy (any practice, treatment, or service designed to change or repress a person's sexual orientation, gender identity/expression)

- accommodations and treatment fees for facility-based addiction treatment (publicly funded addiction treatment is available to eligible clients through the Indigenous Services Canada's Mental Wellness program or programs funded by provincial or territorial governments. Contact the NIHB Analyst for more information on accessing these programs)
- services that have been submitted to or paid for by the Residential Schools Resolution Health Support Program. Claims are to be made either to the NIHB program or the Indian Residential Schools Resolution Health Support Program, but not both. See the Indigenous Services Canada website for more information on the Indian Residential Schools Resolution Health Support Program
- services that are funded by another program or agency (such as counseling provided to incarcerated clients)
- psychiatric and family physician services insured through the provincial or territorial health plan
- services for a third party (for example, school application, employment assessment, to support a legal action, child custody)
- costs to administer tests, such as license fee (only the professional time may be billed)
- community workshops, seminars, or training
- any event that is a full-day in length, such as a day or weekend retreat, camps of any type, and workshops
- consultation or management advisory services (for example, policy, and procedure review)
- telehealth through instant messaging, emails, or text-based apps
- the cost of cellular phones or cellular data
- subscription-based services (for example, a monthly/annual fee for access to a therapist service on demand)
- claims for services funded by NIHB outside of Express Scripts Canada, for example, services offered directly in the community (community managed services, or Indigenous Services Canada contracted visiting providers). Contact the NIHB Analyst to find out how to make a claim.

[Mental Health Exclusions \(ISC\)](https://www.sac-isc.gc.ca/eng/1576093404318/1579114266033#s3-6)

Link address: <https://www.sac-isc.gc.ca/eng/1576093404318/1579114266033#s3-6>

Appeal Process

Introduction

DHSD has put in place an appeals mechanism to ensure clients have a process to access in cases where it is felt a decision regarding access to their NIHBs and/or ICFI's does not align with policy, procedure(s), and/or program directive(s).

Appeals Committee

The Committee consists of one NIHB Manager; one ICFI Manager; one DHSD public health representative; one DHSD Child and Youth Mental Health Clinical Lead; and one representative from the Finance Department.

The Committee will only review service appeals which are covered as a benefit under the NIHB and ICFI programs.

Process

- The client must submit a letter or email to the Manager of the respective program they wish to appeal (NIHB Manager or the Regional Child Services Manager) indicating the details of the issues and specifying how they feel the decision conflicts with a policy, procedure, or program directive.
- The Manager of the respective program appeal will compile a file with relevant information about the appeal along with a letter of appeal and will forward it to the Committee. The Committee must meet within (5) business days.
- Once the Committee comes to a decision, the Manager or designate must respond to the appellant within (3) business days.
- All decisions of the appeals process committee are final.

Compliments & Complaints

To ensure quality service, compliments, or complaints regarding the services provided to beneficiaries of the NIHB program will be accepted. The NIHB program will not process compliments or complaints regarding medical services for which the regional health authority (LGZ) is responsible. Compliments or Complaints regarding the provision of provincial medical services should be addressed to LGZ Client Relations by emailing client.relations@lghealth.ca.

Process

- Beneficiaries, and/or a designate of the beneficiary, may fill out a “Compliments & Complaints” form as provided by the NIHB team or by visiting the Nunatsiavut Government website online;
- Forms can be obtained at any of the DHSD offices located in all Nunatsiavut communities;
- Beneficiaries may fill the form out themselves and send it to the NIHB Manager or they may fill the form out with the assistance of a DHSD staff worker or family member in their community;
- Forms must be signed by the beneficiary, if possible;
- The NIHB Manager will review the information contained within the form and respond to the beneficiary and/or their designate within one month from the date of receipt;
- In the case of a designate acting on behalf of the beneficiary, NIHB must have consent from the beneficiary to communicate with the designate regarding the beneficiaries’ situation and the details of the complaint;
- The NIHB Manager will launch an investigation, into the details of the complaint. Access to beneficiary services will continue to be the priority at all times.

Communication Plan

NIHB will make every effort to communicate with the beneficiaries regarding the NIHB program. This will help beneficiaries understand the eligible benefits, the policies and procedures surrounding their benefits, and any changes to the program as they occur.

An NG newsletter is published quarterly and contains general information on the NIHB program. This will also include any changes in the program and contact information that may be helpful to beneficiaries.

[Tugâpvik Nunatsiavut Archives - Nunatsiavut Government](https://nunatsiavut.com/category/tugapvik-nunatsiavut/)

Link address: <https://nunatsiavut.com/category/tugapvik-nunatsiavut/>

NIHB also has a variety of documents in our offices, describing the NIHB program. These documents are available to any beneficiary or service provider, who is interested in visiting our offices and inquiring about the program policies and procedures during hours of business. These documents are also on the Nunatsiavut website under NIHB forms and documents.

[Forms and Documents - Nunatsiavut Government](https://nunatsiavut.com/forms-documents/)

Link address: <https://nunatsiavut.com/forms-documents/>

In each community DHSD office, a CHW is responsible for NIHB community education. These CHWs are the link in the community for inquiries and information about the NIHB program.

NIHB Database/Information System

Introduction

NIHB has an electronic data system that is used to verify the active membership of a beneficiary for access to eligible services which are confirmed by the Nunatsiavut Registrar.

Registry or Membership Database

The database is governed by the “Beneficiary Enrollment Act”. This database contains beneficiary demographic information on all beneficiaries of the Labrador Inuit Land Claims Agreement. The NG owns this database and therefore has full authority regarding the usage of the information. The NIHB database is guided by the registry database.

The NIHB has view-only access, to the registry database, to confirm membership to administer NIHB programs and services. Major changes to the database (e.g. name and address changes, or personal status) are the sole responsibility of the membership office staff in Nain. NIHB staff are expected to inform the Nunatsiavut Membership Office so they can make the necessary updates to a member file (e.g. if informed, of a death or an address change).

Advanced-Data Systems

The Advanced Data System (ADS) includes all the information, including claims by beneficiaries and service providers, under the benefit areas of vision, and medical transportation. The Analysts at the Regional NIHB office will use this information to confirm eligibility for payment of air transportation, accommodations, and meals.

The data storage system is used to generate reports where necessary and develop statistical program use. These statistics are part of the process of monitoring and evaluating trends in usage and budgets. This system also provides valuable data for the process of negotiating new agreements.

Medical Transportation Database

The Medical Transportation Database is used to keep track of all travel and accommodation details of any beneficiaries, approved escort(s), and Interpreter/Translator traveling within the NIHB program. This information is used for eligibility, tracking of individuals, billing, and reporting.

Ground Transportation

If a beneficiary/escort requires ground transportation this information is also entered into the database.

Eyeglasses and Examinations

Information on vision and eye examinations is stored as part of the electronic database system at the Regional NIHB office. Details of the date of service, prescriptions, and which items were provided are stored.

Maximus Canada (Deltaware)

Maximus Canada is a company that partners with government agencies to deliver essential services, particularly in health and human services. They focus on transforming public policy into effective programs that benefit citizens, using a local approach to address community-specific needs.

Prescription Drugs

NIHB uses an automated pharmacy claims processing system called Deltaware. This system contains all the necessary information to ensure the eligibility of beneficiaries and products. The system can report on any statistical information useful for the program for planning and financial activities.

Medical Supplies and Equipment

Details on items supplied under the categories of medical supplies and equipment, such as Orthotics, are kept in the electronic database. The information can be used for determining eligibility and availability.

Dental

Information on dental hygiene and corrective procedures, dentures, and orthodontic services are stored as part of the electronic database system. Details of the date of service, type of service, and claims are recorded.

Reporting

NIHB is responsible for reporting statistics on all aspects of the administration of the NIHB program. Statistics are compiled from the database as discussed in the previous section. Statistics can be compiled for any period and on any benefit area. These statistics may be used along with information from the Finance, Human Resources, and IT Department to monitor and evaluate trends in usage and spending.

Reporting is essential to planning for the future, negotiating new agreements, and providing information to the general membership. Reports are compiled annually for auditing and negotiation purposes.

Filing

Filing of beneficiary information plays a very important role in the administration of the NIHB program. Beneficiary records contain all requests including approved, denied, and exception/special authorization requests, along with appeals.

There are very few physical paper records, they include coastal referrals (all services) which are stored in a locked office. Financial referrals are kept locked in a cabinet and credit card details are stored in a locked cabinet, in a locked office.

Beneficiary electronic records are securely stored at the Regional NIHB office in HV-GB. Only Regional NIHB Analysts have access to these electronic records. All staff are required to understand and sign an Understanding of Confidentiality and complete the Personal Health Information Act (PHIA) module online before they are given access to the electronic database. Electronic records may contain the following information:

- referrals from health professionals;
- written orders for supplies and/or equipment;
- special requests from beneficiaries and/or health care professionals;
- complaint letters;
- appeal documentation; and,
- written narratives by staff regarding any incidents or situations that may have arisen as a result of providing NIHB services to a particular beneficiary.

Any duplicates of any beneficiary documentation must be shredded. All written narratives entered in beneficiary records by staff must be dated and signed by the person entering the information into the record.

Policy Changes

The NIHB policies are in place to ensure beneficiaries receive appropriate benefits to which they are eligible, as effectively and efficiently as possible. In an attempt to keep the administration and delivery of the program consistent, NIHB has put in place a procedure for use in consideration of any policy change. The procedure is as follows:

- make changes to the program as dictated by ISC in writing;
- address the potential issue(s) that have been brought forward by a beneficiary, or service provider through the NIHB Manager, Director of Health Services, or Deputy Minister; create a briefing note for the Nunatsiavut Executive Counsel for review and decision;
- amend policies and procedures as needed and communicate changes to the NIHB Analysts and Ground Transportation Staff to implement; and,
- communicate changes to policy which are included in all communications to the membership through the quarterly newsletter. NG Facebook page and verbally through OKâlaKatiget radio.