

# Mental Health Counselling Coverage Extension Application for Beneficiaries of the Labrador Inuit Lands Claim

# **Privacy Statement:**

The Nunatsiavut Government (NG), Non-Insured Health Benefits (NIHB) program only collects the information needed to administer the NG NIHB Program. We require the information below for the adjudication and payment of claims and for audit purposes. Your personal information will not be disclosed without your consent, except in accordance with subsection 8(2) of the Privacy Act. For more information, please contact the Nunatsiavut Government, Department of Health and Social Development, Non-Insured Health Benefits.

# **Eligibility:**

- Clients must be Beneficiaries of the Labrador Inuit Land Claims Agreement.
   Questions about Beneficiary status must be directed the Nunatsiavut Government
   Registrar of Beneficiaries.
- Service providers must already be an approved NIHB mental health provider with the Nunatsiavut Government or Indigenous Services Canada (ISC) prior to seeking coverage through the NG NIHB program.
- Mental wellness services must first be considered through other coverage options (e.g. provincial/territorial services, employee assistance programs, health insurance, community programs, etc.) prior to seeking coverage through the NG NIHB Program.
- This form is to be submitted, reviewed and approved for an extension of private counselling to be covered under the NG NIHB Program. Incomplete and/or illegible forms will be returned unprocessed. Please note that the initial client sessions assessment (up to two (2) hours) does not require prior approval with an approved NG NIHB or ISC provider.

#### Coverage:

Every calendar year (January-December), NG NIHB beneficiaries are eligible for coverage of up to 22 hours of counselling performed by an NG NIHB-eligible provider. Additional hours in the same calendar year **may** be covered on an exceptional basis with the submission of an extension request.

| NIHB MH Office use Only:               |              |  |
|--|--------------|--|
| Date application received (YYYY-MM-DD) | Received by: |  |

| First and Last Name                        | Nunatsiavut Beneficiary #     |
|--|-------------------------------|
|  | N                             |
| Beneficiary Preferred Contact Information: | Provider Name & Business Name |
|  |                               |
| Date of Original Approval                  | Date of Extension Request     |
|  | -                             |
|  |                               |

## NG NIHB MENTAL HEALTH COUNSELLING SERVICES EXTENSION FORM

Requests for counselling beyond the 22 eligible hours within the same calendar year may be considered on an exception basis. In cases where providers/beneficiaries are seeking such exceptional coverage, the provider is required to submit a rationale for the additional hours, along with the completed **original application & approval letter from the same calendar year in which the approval was granted**.

## Part 1: Rational for additional hours:

| meet client needs and goals (additional information may be requested by the NG upon review): |  |  |
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Part 2: Submission to be completed by the provider:

| Service Code | Service Name                            |
|--------------|---|
| MHA01        | Initial assessment, individual          |
| MHA04        | Initial assessment, telehealth          |
| MHA05        | Initial assessment, couples/group of 2  |
| MHC01        | Counselling session, individual         |
| MHC02        | Counselling session, family             |
| MHC03        | Counselling session, group              |
| MHC04        | Counselling session, telehealth         |
| MHC05        | Counselling session, couples/group of 2 |

Using the table above, please indicate what is being requested for an extension of counseling coverage.

| Start Date of Service (YYYY-<br>MM-DD) | Service Code<br>(see chart<br>above) | Service Name<br>(see chart above) | Total<br>Duration<br>(hours) | Hourly Rate<br>(\$) |
|--|--------------------------------------|-----------------------------------|------------------------------|---------------------|
|  |                                      |                                   |                              |                     |
|  |                                      |                                   |                              |                     |
|  |                                      |                                   |                              |                     |
|  |                                      |                                   |                              |                     |

| PRIOR APPROVAL/CLAIM SUBMISSION CAN BE SUMITTED TO THE FOLLOWING CONTACT BELOW |   |  |  |  |
|--|---|--|--|--|
| mentalhealthNIHB@nunatsiavut.com   | Nunatsiavut Government, Mental Health<br>NIHB                                     |  |  |  |
| Fax: (709) 896-9751 (attention mental health NIHB)                             | 218 Kelland Drive<br>P.O Box 496 Station C, A0P 1C0<br>Happy Valley-Goose Bay, NL |  |  |  |

Submissions will be assessed, and the provider and beneficiary will be advised of the outcome, by the method they have specified in their communications preferences.

# For more information, please direct questions to:

mentalhealthNIHB@nunatsiavut.com
Department of Health & Social Development, Nunatsiavut Government
Regional office: (709) 896-9750/Toll free: 1 (866) 606-9750

Fax: (709) 896-9751 (attention mental health NIHB)