



First Nations Health Authority
Health through wellness

Mental Health Counselling Prior Approval Form

First Nations Health Authority use
Prior Approval #:
Date:

Complete this form to apply for prior approval before commencing counselling funded through First Nations Health Benefits (FNHB). Please note that the initial client assessment *(maximum of two sessions for Crisis Intervention and Indian Residential School counselling) requires prior approval. Counselling services must be provided in accordance with the terms and conditions in the Guide to Mental Health Counselling Services – First Nations Health Benefits and treatment should start within two weeks following the prior approval.

Please complete the form and fax back to the following numbers:

- Short Term Crisis Intervention Mental Health Counselling - Fax Number: 604.666.6458
- Indian Residential School Resolution Health Support Program (IRS RHSP) - Fax Number: 604.658.2833

**In order to be eligible for payment for services you must be currently registered as a provider under First Nations Health Benefits prior to providing any services to clients. Incomplete forms will be returned unprocessed.*

This form is to request (check one):

FNHB Short-Term Crisis Intervention Mental Health Counselling Benefit Complete Sections

- Initial assessment request **A** Treatment request **A, B, D & E** Application for extension **A, B, D & E**

Indian Residential Schools Resolution Health Support Program Complete Sections

- Initial assessment request **A, C** Treatment request **A, C, D & E** Application for extension **A, C, D & E**

SECTION A - Client and Provider Information (please print)

NAME OF CLIENT

DATE OF BIRTH (YYYY / MM / DD)

ADDRESS

- On Reserve Off Reserve

INDIAN STATUS NUMBER FOR FIRST NATIONS

PHONE NUMBER

PERSONAL HEALTH NUMBER (PHN)

Provider Information

NAME OF COUNSELLOR

PHONE NUMBER

I CARRIED OUT A CLINICAL ASSESSMENT OF THIS CLIENT ON: DATE (YYYY / MM / DD) FOR TREATMENT REQUEST ONLY.

SECTION B – FNHB Short-Term Crisis Intervention Mental Health Counselling Benefits

1. 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

2. 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 FNHB program
 Counselling relating to another crisis under the FNHB program on: Date _____
 Counselling relating to another mental health issue not funded by FNHA

4. Can the crisis be addressed and client transitioned to other mental health support services (if required) within 15 sessions in 20 weeks?

- YES NO, I have developed an aftercare plan to link the client to other services for longer term treatment

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 school student Family Member of a former Indian residential school student

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

Name of former student and relationship: _____ Date of Birth (YYYY/MM/DD): _____

Name of school attended: _____

SECTION D - Proposed Counselling Sessions Schedule

A session is defined in the Guide as a one (1) hour period of counselling, ten (10) minutes of which are for preparation and fifty (50) minutes for counselling.

	Number of sessions	Frequency	Hourly Rate
Face-to-face (individual, couple, or family counselling):			
Telehealth Name & Address of Facility for provider & client: _____ _____			
Group counselling Nature of the group: _____			
Total number of sessions requested • Crisis Intervention (max 15 over 20 weeks plus 5 sessions for extension) • IRS RHSP (max 20 sessions per prior approval plus extension)			

Planned start date (YYYY/MM/DD): _____ **Planned end date** (YYYY/MM/DD): _____

For the extension of NIHB counselling sessions over 15, or IRS RHSP counselling sessions over 20, a new Prior Approval Form must be submitted.

Complete for an extension of benefits covered under FNHB:

1. Please explain briefly why additional sessions 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. 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 sessions and treatment with me;
- I confirm that my information in this form is correct, and I understand that it will be shared with First Nations Health Authority's FNHB for program administration purposes including prior approval of treatment, claims processing and administrative audit;
- My counsellor has explained to me and I understand the terms and conditions of the benefits provided under FNHB, including that I will be responsible for the payment of any fees for missed appointments; and
- I am aware that I can make a complaint to my counsellor's regulatory body if I have concerns.

SIGNATURE OF CLIENT (OR PARENT/GUARDIAN)

DATE

IF PARENT/GUARDIAN IS SIGNING, PLEASE PRINT YOUR NAME

Provider Acknowledgement:

- I have developed a treatment plan for this client in accordance with the requirements of my professional regulatory body and I have discussed the treatment and recommended counselling sessions with my client;
- I understand the terms and conditions of FNHA Health Benefits;
- I have explained the terms and conditions of FNHA Health Benefits to the client, and he/she understand them;
- I will submit claims for these services from FNHA Health Benefits;
- I will not charge any fees to the client for services provided;
- I will only submit claims in accordance with the Guide; and
- I will co-operate with the First Nation Health Authority's administrative audit activity and provide any requested supporting documentation to the First Nation Health Authority, if required.

SIGNATURE OF PROVIDER

DATE

Privacy Notice:

The personal information you provide to FNHA is governed in accordance with the Personal Information Protection Act ("PIPA") in British Columbia. We only collect the information we need to administer the Mental Health Counselling services authorized under the Health Benefits Program or Indian Residential Schools Resolution Health Support Programs. Purpose of collection: We require your personal information to consider you for enrollment as a provider of these services. Other uses or disclosures: In limited and specific situations, your personal information may be disclosed without your consent in accordance with section 18 of the Personal Information Protection Act ("PIPA") in British Columbia. Your rights under PIPA: In addition to protecting your personal information, PIPA gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Information and Privacy Commissioner of B.C. if you think your personal information has been handled inappropriately. For more information about privacy, please contact the Privacy Office in FNHA at privacy@fnha.ca.