



First Nations Health Authority
Health through wellness

Mental Health Counselling Provider Agreement Form

Short Term Crisis Intervention Mental Health Crisis (STCIMHC) Benefits and Indian Residential Schools Resolution Health Support Program (IRS-RHSP)

This Provider Agreement sets the terms and conditions for submitting invoices to First Nations Health Authority for mental health counselling services provided to clients who are eligible for First Nations Health Benefits Short Term Crisis Intervention Mental Health Crisis (STCIMHC) benefits and Indian Residential Schools Resolution Health Support Program (IRS-RHSP) coverage. Mental health counselling service shall only be provided by Psychologists, Social Workers, and Psychological Associates with clinical or counselling designation who are licensed/certified, authorized, and in good standing with the regulatory body of the British Columbia and has entered into a Provider Agreement with First Nations Health Authority.

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

Provider Application

- New Provider Agreement Update Existing Provider Information

Mental Health Provider Information

NAME OF COMPANY, ORGANIZATION OR SOLE PROPRIETOR (PLEASE INDICATE IF PAYMENT SHOULD BE ISSUED TO: COMPANY NAME OR PERSONAL NAME)

Provider Address

STREET NUMBER AND STREET NAME

CITY	PROVINCE/TERRITORY	POSTAL CODE
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PHONE NUMBER	FAX NUMBER	EMAIL
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Preferred means of communication:

- Mail Fax E-mail

Professional Information

Type of Professional

- Psychologist Social Worker
 Psychological Associate Masters of Arts or Education

Class _____

*If you have checked "Social Worker," please indicate what class of registration you fall under within **BCCSW***

NAME	NAME OF REGULATORY BODY AND REGISTRATION NUMBER
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Additional Information

Please attach any information regarding the following in appendix:

Professional Registration

Please attach a copy of your current Professional Registration with the Provincial Regulatory Body. Your professional registration must permit independent clinical practice.

Resume

Please attach a copy of your current resume and any other document outlining your relevant work experience.

Professional Liability Insurance

Please attach a copy of your current Professional Liability Insurance (liability insurance must meet regulatory body requirements, with a minimum of \$2 million annually).

Criminal Records Check

I have submitted a criminal record check to my regulatory body as part of my professional registration. YES NO

Where your regulatory body does not require a criminal record check, FNHA may request the submission of a criminal record check.

Current Mental Health Counselling Work Commitments

Please attach details of other federal, provincial, territorial and community based mental health programs with which you currently have a financial relationship, including any in-kind arrangements.

Cultural Competency and Experience with First Nations

The information in the next two sections may be shared with clients or communities on request.

The reality of intergenerational mental health and cultural trauma suffered by First Nations peoples has led to a significant need for cultural safety amongst members of these communities. Therefore, many First Nations peoples may seek options for treatment that is provided in a culturally competent manner in order to achieve mental wellness.

Please attach a page providing any previous experience you have working with First Nations individuals or communities, and with cultural competency, including any training in this area. You may be asked to provide additional evidence in support.

I have completed the **Indigenous Cultural Competency (ICC) Mental Health Core Training** hosted by Provincial Health Services Authority in BC

The ICC Mental Health Core Training is a mandatory requirement to be a provider for STCIMHC and IRS-RHSP. Please note that FNHA will not be responsible for payment or funding of the mandatory ICC training. You have one year to ensure that you have completed this new requirement as part of the enrolment process with the FNHA.

Current Areas of Clinical Expertise (Min. 2 years clinical experience)

- | | |
|--|---|
| <input type="checkbox"/> Abuse: Sexual, Physical Emotion | <input type="checkbox"/> Panic Attacks |
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Self-Esteem/Confidence |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Self-Harm or Self Injury |
| <input type="checkbox"/> Childhood Abuse/Trauma | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Traumatic Loss |
| <input type="checkbox"/> Indian Residential Schools | <input type="checkbox"/> Violence: Witnessing |
| <input type="checkbox"/> Loss | |

Provider Agreement Terms and Conditions

1. The Mental Health Counselling Provider shall adhere to the terms and conditions in the FNHB Guide to Mental Health Counselling Services and related communications from FNHA.
2. The Mental Health Counselling Provider agrees that, in cases when a Client has any alternate health plan (public or private) for which a benefit is payable, the claim should be submitted to the other plan prior to submitting it to the FNHA Program.
3. The Mental Health Counselling Provider shall only provide service to FNHA clients by Psychologists, Psychological Associates, Social Workers and, in exceptional circumstances, by professionals with a Masters of Arts or Education in compliance with all applicable laws and regulations governing their profession, including the possession of all required licenses, certificates, permits, clinical record keeping and liability insurance that are necessary to allow it to lawfully provide mental health counselling services.
4. The Mental Health Counselling Provider shall ensure that the information in this Agreement is accurate, complete and up-to-date. The Mental Health Counselling Provider agrees that FNHA may validate registration with the applicable professional association at any time. The Mental Health Counselling Provider ensure enrollment in good standing with the respective Mental Health Provider Provincial Licensing Body as well as other eligibility requirements.
5. The Mental Health Counselling Provider agrees that the FNHA may request supporting documentation to audit or review any invoices submitted to FNHA for payment to ensure compliance with the terms and conditions of the STCIMHC benefit and IRS RHSP. The Mental Health Counselling Provider agrees to cooperate with the FNHA in any such audit or review and to provide information as required, in accordance with applicable laws, regulations and professional standards.
6. The Mental Health Counselling Provider understands that the FNHA may take action to recover amounts determined to have been inappropriately paid and/or overpaid.
7. The Mental Health Counselling Provider is not providing services to FNHA and it is not a service contractor to FNHA. The Mental Health Counselling Provider shall not represent itself as an agent or representative of the FNHA in any publicity or marketing.
8. Either the Mental Health Counselling Provider or the FNHA may terminate this billing agreement at any time without cause.
9. The Mental Health Counselling Provider agrees to the collection of your name, address and telephone number (or other necessary personal information) and use it to confirm your identity and professional registration, establish your eligibility for the STCIMHC benefit and IRS RHSP, and to be disclosed to FNHA clients who are requesting access to the STCIMHC benefit and IRS RHSP.

Upon submission of a claim as a Provider, you will be subject to the Terms and Conditions of the FNHA STCIMHC benefit and IRS RHSP as outlined in the FNHA Guide to FNHB Mental Health Counselling Services. It is the Provider's responsibility to be familiar with the terms and conditions of the FNHA Program. Providers will be advised of changes to the FNHA Short-Term Crisis Intervention Mental Health Counselling Benefit and IRS RHSP.

CONTACT NAME

PROVIDER SIGNATURE (NO STAMPS)

(MUST BE AN OWNER OR DIRECTOR WITH AUTHORITY TO BIND THE CORPORATION)

PREPARED BY

PHONE NUMBER

I agree to provide the following service(s):

Indian Residential School Counselling

Short-Term Crisis Intervention Mental Health Counselling

Both

Please complete this Provider Agreement in its entirety and return it to the First Nations Health Authority office as noted below. Incomplete or unsigned forms will be returned unprocessed.

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.