



First Nations Health Authority
Health through wellness

FNHA Health Benefits Program

Mental Health Counselling Overview

Benefit Overview

The Health Benefits Program manages three mental health programs that provide coverage for counselling services: the Mental Wellness and Counselling Program (MWCP), the Indian Residential Schools Resolution Health Support Program (IRS-RHSP), and the Missing & Murdered Indigenous Women & Girls (MMIWG) Program. More information about these programs can be found at www.fnha.ca/benefits/mental-health. Providers must be registered with the Health Benefits Program to deliver counselling services through the mental health benefit.

Mental Health Provider Eligibility

Providers are eligible to register with the Health Benefits Program when they:

- Are licensed/certified and in good standing with one of the following professional bodies:
 - the BC Association of Clinical Counsellors;
 - the BC College of Social Workers;
 - the Canadian Counselling and Psychotherapy Association; or
 - the College of Psychologists of BC;
- Have a minimum of a Master's degree in a clinical counselling discipline from an accredited institution; and
- Have completed or agree to complete San'yas Indigenous Cultural Safety Training, run by the Provincial Health Services Authority, within one year of FNHA's confirmation of registration. If you require assistance with the San'yas Training, please contact ics@phsa.ca.

Process for Providers

- 1) Individuals seeking counselling covered by FNHA are directed to contact a mental health provider who is registered with the Health Benefits Program.
- 2) An FNHA-registered provider who has been contacted by an individual seeking counselling covered by FNHA must first submit a [Prior Approval Form](#) to the Health Benefits Program. Prior Approval forms are reviewed and returned to providers within 15 days.
- 3) Once the Prior Approval Form has been returned, the provider can begin delivering counselling sessions in accordance with the number of hours approved. If more hours are needed, additional Prior Approval requests can be submitted.
- 4) Following the counselling appointment, providers should invoice the Health Benefits Program using the [Mental Health Counselling Invoice Form](#). Please note that clients are required to sign each session listed on the invoice.

Provider Rates

Providers can bill the Health Benefits Program for counselling services up to the maximum rates outlined below, which are determined by the provider's membership in their respective professional body. FNHA clients should not be directly charged any additional fees.

Fee Schedule for Counselling Services	
Provider Membership	Maximum Rate
College of Psychologists of British Columbia	\$150/hour
British Columbia College of Social Workers	
British Columbia Association of Clinical Counsellors	\$90/hour
Canadian Counselling and Psychotherapy Association	



Mental Health Counselling Provider Agreement Form

First Nations Health Authority

Please email a scanned copy of this form and any relevant appendices to: mhproviderreg@fnha.ca

This Provider Agreement outlines the terms and conditions for registering with the FNHA Health Benefits Program to deliver mental health counselling services. Please indicate if this is a:

New Provider Agreement

Update Existing Provider Information – FNHA Vendor # _____

Mental Health Provider Information

PROVIDER LAST NAME

PROVIDER FIRST NAME

NAME OF COMPANY, OR ORGANIZATION THROUGH WHICH PROVIDER CONDUCTS SERVICES (IF APPLICABLE)

GST NUMBER

Please indicate if payment should be issued to:

Company Name

Personal Name

STREET NUMBER AND STREET NAME (MAILING ADDRESS)

CITY

PROVINCE/TERRITORY

POSTAL CODE

PHONE NUMBER

EMAIL

FAX NUMBER

Practice Address (if different from mailing address)

Please specify any addresses where you see clients regularly.

My mailing address is also a practice address

1)

STREET NUMBER AND STREET NAME (PRACTICE ADDRESS)

CITY

POSTAL CODE

2)

STREET NUMBER AND STREET NAME (PRACTICE ADDRESS)

CITY

POSTAL CODE

Optional Demographic Information: Please complete this section if you would like the information to be recorded in your provider file and made available to FNHA clients:

Gender: Woman

Man

Trans

Two-Spirit

None of the above. I

Prefer not to say

identify as: _____

Do you have Indigenous ancestry: Yes

No

Prefer not to say

Please specify which of the FNHA's accepted professional bodies you are registered with:

The Canadian Counselling and Psychotherapy Association (Designation: Certified Clinical Counsellor)

The BC Association of Clinical Counsellors (Designation: Registered Clinical Counsellor)

The College of Psychologists of BC (Designation: Registered Psychologist)

The BC College of Social Workers (Designation: Registered Social Worker or Registered Clinical Social Worker)

Registration number: _____

Provider Agreement: Terms and Conditions

1. The Mental Health Counselling Provider ("Provider") shall maintain enrollment in good standing with their respective professional body and be in possession of all required licenses, certificates, permits, and liability insurance required by their professional body. The Provider shall also comply with the applicable laws, regulations, standards, and ethics governing their profession. FNHA may request the submission of a current criminal record check.
2. The Provider shall ensure their ongoing competence and determine the suitability of treatment and mode of service delivery for each client. When considering the use of telehealth to deliver counselling, the Provider shall use their professional judgement and consider client safety, their own competence, and the accomplishment of therapeutic goals, the Provider is also expected to meet the guidelines for the provision of telehealth outlined by their respective professional body, as well as applicable provincial regulations.
3. The Provider shall agree to follow the policies of the Health Benefits Program, including the requirement to submit a Prior Approval request before the provision of any services and to invoice up to the Provider's maximum appropriate rate.
4. The Provider shall keep records of all appointments (including date and time) and confirmation of attendance for audit purposes. When using telehealth to deliver mental health services, FNHA will accept records such as telephone logs, attendance sheets, and/or email confirmation as confirmation of attendance. The Provider shall take steps to ensure client privacy from unintended access or disclosure and will inform clients of any possible or actual privacy breaches that could cause significant harm. Providers must disclose any possible or actual privacy breaches to their clients and must provide clients with information regarding their right to initiate a complaint to the responsible professional body.
5. The Provider shall cooperate with the FNHA in the case of an audit or complaint, and will grant FNHA access to records of appointments, and any other files in accordance with applicable laws, regulations and professional standards within 30 days of its request. A Provider under audit may not be allowed to provide services and/or submit claims until the audit has been resolved. Audit activities are conducted to ensure accountability and compliance with the Health Benefits Framework and supporting policy documents. The Health Benefits Program reserves the right to withhold or off-set any amount or future payment, if FNHA determines that a claim does not meet the minimum billing or practice requirements or if monies were paid in error. FNHA retains the right to enforce its legal rights afforded to it by this Agreement or by law.
6. The Provider is neither providing services to FNHA nor acting as a service contractor to FNHA. The Provider shall not represent themselves as an agent or representative of the FNHA in any publicity or marketing, including the use of FNHA's trademarks or logos.
7. The Provider agrees to FNHA publicly posting their name, practice address, telephone number, and any other necessary information to support FNHA clients in finding an appropriate Provider.
8. The Provider shall ensure that the information in this Agreement is and remains accurate. The Provider agrees that FNHA may use this information to validate registration with their professional body at any time. Changes to the Provider's information must be submitted to FNHA in writing to mhproviderreg@fnha.ca.
9. Either the Provider or the FNHA may terminate this agreement at any time with or without cause. Providers whose enrolment has been terminated are responsible for referring any ongoing FNHA clients to a new provider. Termination of provider enrolment does not terminate any rights or obligations of the provider or FNHA regarding provider audit activities. FNHA will not process payment requests from the provider dated after the enrolment termination date.

By submitting a signed copy of this Provider Agreement, you (the Provider) are agreeing to the Terms and Conditions established by the FNHA Health Benefits Program. The Health Benefits Program reserves the right to make changes to this agreement. Any changes to the Health Benefits Program that impact your work will be communicated to you in writing.

PROVIDER NAME

PROVIDER SIGNATURE (NO STAMPS)
(MUST BE AN OWNER OR DIRECTOR WITH AUTHORITY TO BIND THE CORPORATION)

DATE (YYYY/MM/DD)

Please attach the following as appendices:

1) Proof of Cultural Safety Training

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. Indigenous Cultural Safety (ICS) Core Health Training or Core Mental Health Training is a mandatory requirement to register as a mental health provider with the Health Benefits Program. FNHA does not accept any equivalencies for other training or experience in lieu of completion of this course. Please note that FNHA will not be responsible for payment or funding of the mandatory ICS training. **You have one year from the date of your registration with the Health Benefits Program to complete ICS Training. Please indicate one of the following:**

I have already completed the ICS Core Health Training or Core Mental Health Training hosted by the Provincial Health Services Authority in BC and have attached my ICS certificate of completion as an appendix.

OR

I have not yet completed the ICS Training. I agree to complete this course within a year of registering as a provider with the Health Benefits Program.

2) Certificate of professional liability insurance that meets the requirements of your professional body, with a minimum of \$2 million annually.

3) If applicable, indicate if you have any personal or professional relationships or commitments that may lead to any potential conflicts of interest (e.g. financial relationships or in-kind arrangements with federal, provincial, territorial and community-based mental health programs).

4) For Registered Social Workers only: a copy of your highest degree¹.

Please note, the FNHA may also request:

- a Criminal Record Check (if your regulatory body does not perform regular or recurring checks);
- your resume or CV; and/or
- additional evidence of any training you have indicated in your Provider Agreement.

Current Areas of Clinical Expertise

This information may be shared with clients or communities.

- | | | |
|---|---|--|
| <input type="checkbox"/> Addiction | <input type="checkbox"/> Grief | <input type="checkbox"/> Self-harm / self-injury |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Indian Residential Schools | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Childhood abuse / trauma | <input type="checkbox"/> Loss | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Traumatic loss |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Self-esteem / confidence | <input type="checkbox"/> Witnessing violence |

Service Specialties

- | | |
|--|--|
| <input type="checkbox"/> Work with children under 12 | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Work with children 12-16 | <input type="checkbox"/> LGBTQ2SI sensitive services |

Travel

Please indicate if you are able to travel to serve FNHA clients in rural or remote communities (the Health Benefits Program may cover the cost of pre-approved travel to areas where no local provider is available).

- Yes, I am able to travel. No, I am not able to travel.

Please indicate which communities or cities you are willing to travel to: _____

¹ The Health Benefits Program requires all mental health counselling providers to hold a Master’s degree or higher in a counselling-related discipline. FNHA verifies this separately for Social Workers as this is not a requirement for the BC College of Social Workers.