HEALTH BENEFITS:

MENTAL HEALTH BENEFITS SCHEDULE

JULY 2024

First Nations Health Authority
Health through wellness

Version history

Version	Effective date	Description/summary of changes
Mental Health Benefit Schedule	April 2024	• **Policy changes:** changes to ISC programs, program hours, group billing rate, client eligibility and provider eligibility requirements
	July 2024	• **Structural changes to improve organization and readability:** Standardization to align to other FNHB policy documents. • **Definitions**: Added definition of Client, Exception, Exclusion and Funding Agreement.

Contact information

General

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Mental Health Benefit Schedule

Revised July 2024

1. Purpose and scope

The Health Benefits program manages the Mental Health benefit, which is administered by First Nations Health Benefits (FNHB) and Funding Agreement Recipients through the Mental Wellness and Counselling (MWC) Program. The purpose of the *Mental Health Benefits Schedule* is to outline the terms and conditions, criteria, guidelines and policies under the MWC program.

This benefits schedule is to be considered an 'evergreen' document and will be updated regularly based on ongoing partner and service Provider engagement and feedback.

This document provides information about the requirements for mental health counselling Provider registration and provides an overview of the MWC program in regards to:

- Client eligibility;
- Eligible services;
- Roles and responsibilities of Providers and Clients;
- Pre-determination process; and
- Claim submissions process.

In the event that this document does not address questions regarding general policies, processing of payment requests, or specific conditions, the Provider is advised to contact FNHB at **1-855-550-5454.**

Mental Health Benefits Schedule updates

Providers must adhere to all program-related requirements as defined in this benefit schedule.

Updates to this benefits schedule, or related policies and benefits to Clients, Providers and Partners, will be communicated in a timely manner. It is important that Providers retain the most current documentation to ensure that requirements are met.

2. Mental Health benefit eligibility

MWC is designed to provide culturally-safe counselling support to First Nations people on their wellness journeys. This includes access to mental health counselling services provided by psychologists, social workers and clinical counsellors.

Clients are eligible for the MWC program if they:

- Have a registered Status number under the Indian Act, as defined by the government of Canada; and
- Are a resident of BC as defined by the Medical Service Plan (MSP).

Individuals are not eligible for the MWC program if they are already covered by another third party health insurance provided by the Federal Government or by a First Nations organization as part of a funding agreement.

Clients who are eligible for the Mental Health Benefit may receive Medical Transportation (MT) assistance through FNHB to access eligible mental health services. For more information on MT assistance, Clients should be directed to visit the FNHB website or to call FNHB at **1-855-550-5454.**

> **Please Note:** If an eligible Client has access to any other private or employer-sponsored insurance plan or public program, they must access those benefits prior to the FNHB mental health benefit. **MWC is only intended to be utilized after all other available public and private programs have been accessed.**

3. Mental Health Benefit overview

3.1. Counselling types

MWC offers the counselling types offered below. Refer to Section 8.2 for more information on Provider rates.

3.1.1. Individual and family counselling

Counselling offered to an individual is billed at the hourly rate.

This may include the participation of family members for support, in which case only **one (1) eligible Client** can be billed at the hourly rate regardless of the number of family members present.

3.1.2. Group counselling

If an individual Client's counselling needs can be met in part through participation in a group with other individuals who are also receiving counselling in this manner, this is an eligible service. All group counselling hours will be counted towards the Client's benefit coverage per approved pre-determination.

Group counselling may be recommended at the discretion of the Provider. A Provider could determine that a Client might benefit from sharing common experiences or interactions with individuals facing similar concerns. The following examples are for illustration only:

- Adjustment to a major life event or transition (e.g. medical diagnosis of serious illness, death of a loved one);
- Management of an issue which requires psycho-social support to regain/retain equilibrium (e.g. caregiver stress); and
- Other issues (e.g. anger management).

When offering group counselling, Providers should deliver group counselling in a manner that is in compliance with standards established by their regulatory/professional body. The rate charged for each eligible participant in a group must not be higher than 33.3% of the hourly counselling rate, with a maximum billable rate of eight eligible participants.

Note that such 'fee-for-service' payments are for reimbursement of counselling services provided to an eligible individual via a group setting and are not intended to subsidize other, new, or existing group counseling programs.

FNHB will not reimburse costs that are already funded by another program (e.g. provincial, territorial, federal, or private) to support the provision of group counselling.

3.2. Alternative service delivery for Mental health counselling

Wherever possible, it is suggested that Clients attend counselling sessions in person. In circumstances where this is not possible, FNHB provides coverage for alternative service delivery, including virtual appointments. Updates to the Mental Health Provider Agreement Form will be available soon. Please refer to this document for the terms and conditions.

In order for alternate service delivery sessions to be eligible for reimbursement, Providers must:

- Meet the standards and code of ethics of their respective professional bodies and provincial regulations in the provision of mental health services through alternative service delivery, including Client privacy and confidentiality.
- Ensure their ongoing competence with alternative service delivery methods for mental health, and to mitigate any potential negative impacts of the alternative methods on Clients; and
- Determine the suitability of alternative service delivery methods for providing mental health services to a Client. This determination should be based on the Provider's professional judgment that takes into consideration such factors as Client safety and the accomplishment of therapeutic goals.

Process:

- The alternative service delivery platform (i.e. video conferencing or telephone) and location (e.g. nursing station, community health center, or other) used to provide mental health counselling services will be determined by the Provider based on the Client's case and in accordance with the Provider's professional body standards related to the alternative service delivery platforms.
- The Provider must have a process in place to confirm the Client's attendance per session (i.e. telephone log, attendance sheet, and/ or email confirmation), depending on the form of treatment, as this information may be requested for audit purposes.
- Providers will not receive additional compensation for any costs associated with the utilization of alternative service delivery platforms.

Please note that the provision of mental health counselling services through instant messaging and/or emails is not considered an acceptable method of service delivery by FNHB and will not be reimbursed.

4. Mental Health benefit coverage

4.1. Coverage and frequency guidelines

Eligible Clients can receive approval for 22 hours of mental health counselling services when performed by a registered Provider on a 'fee-for-service' basis (e.g. individual/family, or group counselling) consisting of:

- Up to 22 hours of counselling services may be covered under each pre-determination per registered Provider.
- Pre-determinations are valid for 12 months.
- Counselling sessions must receive an approved pre-determination.
- A new pre-determination will need to be requested when seeking additional counselling sessions beyond the first 22 hours OR upon expiry after 12 months.

Please note that all services and modalities for the delivery of services require an approved Pre-Determination. See Section 8.1 for pre-determination submission conditions.

5. Provider requirements

FNHB manages the registration of mental health counselling Providers. All Providers wishing to deliver services through MWC are invited to apply. Providers will be registered if they meet the eligibility requirements referenced under Section 7.1.

5.1. Provider eligibility requirements

Providers must be registered with FNHB to deliver counselling services through MWC. Providers are eligible 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;
- Have a minimum of 5 years' of counselling experience;
- Have a minimum of 3 years' of counselling experience working with First Nations people; and
- Have completed or agree to complete San'yas Indigenous Cultural Safety Training, run by the Provincial Health Services Authority, within one year of FNHB's confirmation of registration. For more information, see: San'yas Anti-Racism Indigenous Cultural Safety Training Program.

The Provider must remain a member of their professional body in good standing at all times to continue to be an active FNHB Provider. FNHB may validate registration with the Provider's respective professional body at any time.

Providers must be located in BC to administer counselling services unless granted exceptional consideration by FNHB. Please see Section 9.2 for more information.

5.2. Provider registration

5.2.1. Provider registration process

Step 1

Providers wishing to deliver mental health counselling services offered by FNHB must complete a Mental Health Agreement Form and submit it to mhproviderreg@fnha.ca. A complete list of documents required for Provider registration is referenced in the form.

Providers are urged to carefully review the instructions to ensure all necessary forms are attached to the application package, as incomplete applications will not be processed.

The Mental Health Agreement Form can be found on the First Nations Health Authority (FNHA) website. Providers who require assistance accessing the form may contact FNHB at **1-855-550-5454** or mhproviderreg@fnha.ca.

Step 2

Once Providers have been approved by FNHB, they are required to register for Pacific Blue Cross PROVIDERnet to submit Pre-Determinations or claims.

Step 3

Complete the Provincial Health Services Authority (PHSA) Sany'as Indigenous Cultural Training Program within one year of the FNHA's confirmation of registration. For more information, see: Sany'as Indigenous Cultural Training Program.

Once completed, send the certificate of completion to mhproviderreg@fnha.ca.

5.2.2. Changes in Provider information

In order to avoid delays in payment requests, and ensure delivery of communication updates via e-mail, fax, or mail, Providers should notify FNHB of any changes to the information provided in the Mental Health Counselling Provider Agreement or registration process by emailing mhproviderreg@fnha.ca.

5.2.3. Suspension of enrolment

A Provider's enrolment may be suspended at any time by FNHB should there be any reports of billings irregularities or findings of false statements on the part of the Provider. Enrolment may also be suspended should the Provider's professional body undertake an investigation in response to a Client complaint. Suspension of enrolment can be a temporary measure and enrolment can be reinstated pending review by FNHB.

5.2.4. Termination of Provider agreement

A Provider Agreement may be terminated at any time without cause by FNHB, or by the Provider themselves, upon providing a written notice. If Providers wish to terminate their enrollment, they must send a written notice to FNHB at mhproviderreg@fnha.ca. Providers whose enrolment has been terminated are responsible for providing a supportive transition to any ongoing FNHB clients to a new Provider.

Reasons FNHB may terminate a Provider's enrolment include, but are not limited to the following:

- Provider is unable to practice (either temporarily or permanently) as a result of no longer being recognized by or being under suspension by their professional body;
- Provider is relocating outside of BC (unless an exception request has been granted, as outlined in Section 5.3);
- Provider is not cooperating with an audit; or
- Concerns identified (i.e. complaints by Clients, analysis of billing data and/or audit) or by other means, (e.g. media/police alert), which indicate potential issues of concern may be present.

In the case where there are allegations of financial irregularities or professional misconduct, the applicable professional body will be notified.

Payment requests from the Provider for services rendered after the enrolment termination date will not be processed.

Termination of Provider enrolment does not dismiss any rights or obligations on the part of the Provider or the FNHB regarding Provider audit activities or repayment of claims.

5.3. Provider roles and responsibilities

Before initiating counselling, Providers must confirm that any services they propose as part of their treatment plan are eligible for coverage under MWC, as set out in this Benefit Schedule, in order to be reimbursed for their services. The submission of a pre-determination or a claim request by a Provider indicates an understanding and acceptance of the terms and conditions for services rendered through MWC.

Providers should make themselves aware of the current continuum of mental wellness services available to Clients in their community, and locally from the province of BC. Providers are encouraged to connect the Client with community based mental wellness services or other culturally appropriate services.

Providers must:

- Adhere to their professional body's code of ethics at all times, including as it relates to commitments to cultural safety, anti-racism, and competence to work with First Nations Clients;
- Confirm that the Client is eligible for benefit coverage under MWC, as defined in Section 2;
- Obtain pre-determination approval before initiating counselling;
- Ensure that the Client understands the terms, conditions, and limitations of the MWC program prior to starting counselling;
- Complete a Client assessment and discuss the recommended counselling hours with the Client;

- Develop a treatment plan for each Client in accordance with the standards of their regulatory or professional body, and discuss the recommended treatment with the Client;
- Keep all Client records (including date, location, and start/end time) and confirmation of attendance in a secure location for a period of seven years for audit purposes;
- Inform the Client that they are also eligible to access the services of a community-based resolution health Support Worker and/or a cultural support Provider if they are an Indian Residential School Survivor or related family member;
- Ensure that they do not knowingly submit a claim for payment for the provision of mental health services that are funded by or will be billed to another plan/program;
- Cooperate with all audits and grant access to locations and documentation required to determine compliance with the policies outlined in this Benefit Schedule;
- Comply with professional body requirements for security, police record checks, and Client files management;
- Not represent themselves as an agent or representative of FNHB in respect of any counselling services provided to eligible Clients; and
- Not bill the Client the difference between the FNHB reimbursement rate and the Provider's standard fee.

As part of their ongoing professional development, Providers are encouraged to continue to enhance their knowledge of First Nations cultures, the legacies of intergenerational trauma, including Indian Residential Schools, and trauma-informed practice. These can include opportunities provided by their professional associations, through First Nations communities or organizations, or other related training.

The Mental Health Counselling Provider Agreement Form provides an opportunity for Providers to indicate the demographic they serve. Providers are encouraged to update their records regarding areas of expertise or demographic by contacting FNHB at mhproviderreg@fnha.ca or **1-855-550-5454.**

Clients can contact FNHB to request the names and contact information of Providers that identify as working with a specific demographic. FNHB may share the names of Providers with First Nations partner organizations in order to support timely access to Mental Wellness and Counselling services for prospective Clients.

Please note: Mental Wellness Counselling Providers are expected to follow applicable privacy legislation, regulations and professional body requirements applicable to maintaining their records. Client files are in the care and control of the Provider and not FNHB. In the case of an audit, Providers will allow FNHB or its agents/representatives to

access relevant files for audit purposes only, in a manner that is permissible under the applicable legislation, regulations and requirements of their professional body.

6. Pre-determination

All pre-determination submissions must follow the conditions and processes outlined below. Submissions should be made through PROVIDERnet.

For all counselling modalities, the Provider submitting Client documentation (i.e. pre-determination) **must** be the Provider administering counselling services.

6.1. Pre-determination conditions

The pre-determination process ensures that the Provider and the Client are aware of what is eligible for reimbursement (number of sessions, rate, etc.) under the terms and conditions of the FNHB mental health benefit. A Pre-Determination is required for all services provided to an eligible Client, as noted in Section 7.3. The pre-determination establishes the total number of counselling hours approved, and is required for each Client.

Pre-determinations should be submitted through PROVIDERnet. A copy of the pre-determination form can be found here. Pre-determination approval will be issued to the Provider when the following conditions have been met:

- The Client is determined to be eligible for coverage;
- The Provider is enrolled with FNHB; and
- The requested service is considered eligible under MWC.

The following information is required to process a Pre-Determination request:

- Client identification information;
- Number of hours requested; and
- Provider acknowledgement of program terms and conditions. Stamped copies of signatures are not acceptable.

Please note: Payment may be made for hours of service provided, up to the number of hours that have been approved with each pre-determination.

7. Provider reimbursement

All claims submissions must follow the conditions and processes outlined below. Submissions should be made through PROVIDERnet.

For all counselling modalities, the Provider submitting Client documentation (i.e. claims) **must** be the Provider administering counselling services.

7.1 Provider reimbursement conditions

Please note that FNHB will reimburse Providers up to the maximum rates outlined in the Fee Supplement for services provided to eligible Clients only when the following criteria are met:

- An approved pre-determination has been obtained through PROVIDERnet;
- A Pay Provider authorization form signed by the Client is on file;
- Mental health Providers submit a Provider Mental Health Claim through PROVIDERnet. A copy of the claim form can be found here;
- Fees charged are as approved on the Fee Supplement;
- A Mental Health Proof of Services Rendered form has been signed by the Client or parent/legal guardian. In the case of alternative service delivery, other appropriate confirmation (e.g. telephone log, Client signature obtained at a nursing centre at the time of the call, electronic signature) must be collected.
- **There will be no reimbursement for missed appointments and Provider payment may be withheld if a Client's attendance cannot be confirmed.**

Claims submitted more than one year from the service provision date will not be accepted and will be returned to the Provider.

Any claim for a service that is provided to a Client who is not eligible under MWC will not be reimbursed.

Please note: Separate reimbursement will not be issued to the Provider for the writing of any reports associated to the Client file; this is not considered an eligible expense.

7.2. Client signature guidelines

A Pay-Provider Authorization form (PPA) must be signed by the Client to process claim payments and to support audit requirements. By signing this form, Clients are authorizing registered mental health Providers to direct bill PBC on their behalf for the services provided. The Provider must collect one signed PPA Form per eligible Client prior to the submission of a claim. This only needs to be completed once and is valid for the period that the Client is receiving counselling services.

The Provider must collect a signed Proof of Services Rendered form for every counselling session.

The Pay-Provider Authorization form and the Proof of Services Rendered form must be kept on file for a minimum of 7 years from the last date of claim submission on the Client's behalf and **must be made available upon request.** During the course of an audit, if a requested form is not available, the corresponding claim payment will be subject to review and possible adjustment.

8. Provider audit responsibilities

The Provider shall cooperate with FNHB in all audit activities. Upon request, the Provider shall grant access to its location during regular business hours for review and produce a Client's record(s) maintained by the Provider.

Please note: When an audit is conducted as a result of billing irregularities, the Provider may not be allowed to continue to provide services and/or submit claim forms until audits have been satisfactorily resolved. A Provider suspended by their respective professional body will also not be allowed to provide services and submit claims during the suspension period.

To carry out Claim Form verification and on-site audit components of the mental health benefit, access to information, including, but not limited to the following will be required:

- Client identification information;
- Invoices;
- Appointment schedule;
- Pay Provider Authorization Form signed by eligible Client; and
- Proof of Services Rendered signed by eligible Client.

8.1 Audit objectives

The objective of a Provider audit is to confirm that payment requests for service delivery have been submitted in compliance with the applicable Terms and Conditions of the FNHB mental health benefit by:

- Detecting any billing irregularities and recovering payment for ineligible claims;
- Ensuring appropriate billing as defined by FNHB;
- Ensuring that the services paid for were in fact received by an eligible Client;
- Validating active licensure of Providers; and
- Ensuring compliance with FNHB policies (e.g. treatment plans included in Client files).

For monies found to have been inappropriately paid, future payments to Providers may be withheld. Providers may contact PBC to clarify the issue and arrange for a payment error reversal.

If a billing or practice related issue is determined during an audit, the matter may referred to the appropriate professional body.

9. Exceptions

9.1. Additional hours

Additional hours required to provide ongoing support to clients beyond the initial pre-determination may be considered on an exceptional basis:

- Should the Provider and the Client identify the need for additional counselling hours, a new pre-determination must be submitted for approval.
- The submission of a treatment plan may be required for Exception requests.

9.2. Services in a province or territory outside of BC

Providers may be approved to provide services in a province or territory outside of BC if:

- Their professional body has the capacity to perform its functions in the province/territory where the services being requested are taking place; **and**
- There is an exception approved by FNHB in advance of services being provided. Exception requests may be considered based on regional provider availability, appropriateness of existing services available within the region and the closest point of delivery.

9.3. Exception documentation

In cases where a Provider is seeking an Exception, rationale must be submitted that addresses the specific circumstances referenced in Sections 5.1 and 5.2, including:

- The submission of a treatment plan may be required to define the need for additional counselling;
- Written documentation from the professional body confirming it has the capacity to perform its functions in the province/territory where the services would be delivered; and
- The specific criteria(s) the Exception falls under with sufficient detail to support a review of the Provider's alignment with the criteria.

10. Exclusions

Certain types of counselling services are not covered by MWC under any circumstances, and are not subject to the appeals process.

Exclusions include:

- Services for children under the age of six;
- Psychiatric emergencies for people at risk of harm to self or others;
- Services that are funded by another program or agency (such as counselling provided to incarcerated Clients); psychiatric and family physician services insured through the provincial or territorial health plan;
- Services for the purpose of a third party (e.g. school application, employment assessment, to support legal action, child custody, etc.);
- Any service provided by a non-eligible Provider regardless of its purpose (see Section 7.1 for eligible Providers);
- Services for a purpose other than mental health counselling (e.g. psychoeducational testing/assessments, educational any vocational counselling, life skills training, life coaching/mentoring, early intervention/enrichment programs);
- Alternative service delivery through instant messaging or emails;
- Supplemental payments (balance billing) for services covered by another funder; or
- Writing of any reports or notes associated to a Client file.

11. Appeals process

Health Benefits Clients, their parent/guardian, or representative have the right to appeal a decision made by the Health Benefits program. An Appeal can be submitted up to 12 months from the date that the benefit was denied. For information on how to submit an appeal, visit the FNHA website.

12. Personal information and privacy

The FNHA is a non-profit society that is governed by the BC Personal Information Protection Act (PIPA). The FNHA only collects, uses and discloses Personal Information on a need-to-know basis to administer the FNHA business, programs or activities where permitted or authorized under PIPA. We do not collect, use or disclose more personal information than is required to fulfill those purposes. We do this in accordance with PIPA and other applicable legislation.

Protecting the personal information of Clients is our priority, and all personal information is kept strictly confidential in accordance with our Shared Vision, Values and 7 Directives.

13. Definitions

Client(s): people who meet the criteria as described under the FNHB eligibility section of the *FNHA Programs and Services Guide.*

Exception(s): items, services, or travel that are not defined benefits but which may be approved with appropriate justification.

Exclusion(s): items, services, or travel that will not be covered under the Health Benefits Program under any circumstances and are not subject to the Health Benefits Exception process or the Health Benefits Appeal process.

Funding Agreement Recipient: a First Nations community or an organization that is mandated by a First Nations community or communities to provide health and wellness programs and services to First Nations communities.

Appendix A: Roles and responsibilities of Clients

Potential Clients can visit the FNHA website or contact FNHB at **1-855-550-5454** to obtain a list of enrolled Providers. Some Providers have also indicated their preferred Client demographic. Clients can request a list of enrolled Providers closest to them with this specific experience. Note that this information is self-reported by the Provider.

Assistance with the cost of transportation for Clients to access services may be provided for eligible requests.

Clients are responsible for keeping their information up-to-date in order to avoid delays in accessing mental health benefit services. When name and any other personal information changes, Clients should contact FNHB at **1-855-550-5454** and should inform their Provider.

If Clients have concerns regarding the counselling service they receive, or the professional conduct of a Provider, they are encouraged to contact the Provider's professional body to register their concern(s). **Please note that mental health counsellors are independently regulated health professionals and are not employees of FNHB.**