



First Nations Health Authority
Health through wellness

FNHA Health Benefits Program

Mental Health Counselling Overview

Benefit Overview

The Health Benefits Program has four 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), the Missing and Murdered Indigenous Women and Girls Health Support Services (MMIWG HSS) and the Indian Day School Health Support Services (IDS HSS). For more information, see [Mental Health Benefit](#) on FNHA.ca

Mental Health Provider Eligibility

Providers must be registered with the Health Benefits Program to deliver counselling services through the mental health benefit. 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:
 - o the BC Association of Clinical Counsellors
 - o the BC College of Social Workers
 - o the Canadian Counselling and Psychotherapy Association
 - o 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. For more information, see: [San'yas Anti-Racism Indigenous Cultural Safety Training Program](#).

After FNHA registration is approved, providers must register with [Pacific Blue Cross \(PBC\)](#).

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 [Provider Mental Health Pre-Determination Form](#) to PBC.
3. Once the Pre-Determination form has been approved, the provider can begin delivering counselling sessions in accordance with the number of hours approved. If more hours are needed, additional Pre-Determination forms can be submitted.
4. Following the counselling appointment, providers should submit a [Provider Mental Health Claim Form](#) to PBC.

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 fees.

Fee Schedule for Counselling Services

PROVIDER MEMBERSHIP	MAXIMUM RATE
College of Psychologists of British Columbia	\$150 per hour
British Columbia College of Social Workers	\$150 per hour
British Columbia Association of Clinical Counsellors	\$90 per hour
Canadian Counselling and Psychotherapy Association	\$90 per hour



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Mental Health Counselling Provider Agreement Form

This Provider Agreement outlines the terms and conditions for registering with the FNHA Health Benefits Program to deliver mental health counselling services.

Mental Health Provider Information

PROVIDER LAST NAME

PROVIDER FIRST NAME

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

Please indicate if payment should be issued to: Company Name Personal Name

PHONE NUMBER

EMAIL

Practice Addresses

Practice address will be published on the FNHA mental health [provider list](#). A new provider agreement must be signed with each new practice location added/changed.

1. _____
STREET NUMBER AND STREET NAME CITY POSTAL CODE

My mailing address is also a practice address

2. _____
STREET NUMBER AND STREET NAME (PRACTICE ADDRESS) CITY POSTAL CODE

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

The Canadian Counselling and Psychotherapy Association (Designation: Certified Clinical Counsellor). Registration #: _____

The BC Association of Clinical Counsellors (Designation: Registered Clinical Counsellor). Registration #: _____

The College of Psychologists of BC (Designation: Registered Psychologist). Registration #: _____

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

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:

Provider Gender: Female Male Trans Two-Spirit None of the above: _____ Prefer not to say

Do you identify yourself as an Indigenous person, that is, First Nations, Métis or Inuit? Yes No Prefer not to say

Are you registered under the Indian Act of Canada (i.e. Status)? Yes No Prefer not to say

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 pre-determination request before the provision of any services and to submit claims up to the Provider's maximum FNHA 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.** In the event of an audit or complaint, the following process(es) will apply:
 - A.** 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. All claims submitted to PBC may be subject to audit by the FNHA. Audits are performed to ensure claims, and other eligible benefits and services paid by PBC are in compliance with the FNHA Health Benefits Program, the FNHA and PBC Terms and Conditions, the PROVIDERnet Terms and Conditions, and PBC Health Reference Guide. If the audit finds evidence of overpayment, FNHA may recover monies previously paid. 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; and/or
 - B.** The Provider shall cooperate with Pacific Blue Cross (PBC) in the case of an audit or complaint, and will grant PBC access to records of appointments, and any other files in accordance with applicable laws, regulations and professional standards within 30 days of its request. All claims submitted to PBC may be subject to audit by their Audit, Investigations and Quality Assurance Department. Audits are performed to ensure claims, and other eligible benefits and services paid by PBC are in compliance with the FNHA Health Benefits Program, the FNHA and PBC Terms and Conditions, the PROVIDERnet Terms and Conditions, and PBC Health Reference Guide. If the audit finds evidence of overpayment, PBC may recover monies previously paid. 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 PBC determines that a claim does not meet the minimum billing or practice requirements or if monies were paid in error. PBC 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 through this [online form](#), in addition to updating PBC.
- 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)

DATE (YYYY/MM/DD)

ORGANIZATION OWNER OR DIRECTOR WITH AUTHORITY TO BIND THE CORPORATION (IF DIFFERENT FROM PROVIDER)

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). Please specify a mitigation strategy, indicating how you'll manage the conflict of interest, if it should occur.

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

5. For Certified Clinical Counsellors: a copy of your CCPA card that indicates the expiry and your certification.

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.

Service Specialties

- Virtual Care (phone or video)
- LGBTQ2SI Sensitive Services
- Work with Children under 6
- Work with Children 6-12
- Work with Children 13-17

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

No, I am not able to travel

Are you currently accepting new clients?

- Yes- Accepting new clients immediately
- Yes - Waitlist less than 1 month
- Yes - Waitlist 1 - 2 months
- Yes - Waitlist over 2 months
- No, I am not accepting new clients