



Mental Health Extension Counselling Coverage Application for Beneficiaries of the Labrador Inuit Lands Claim

Privacy Statement:

The Nunatsiavut Government, Non Insured Health Benefits (NIHB) program only collects the information needed to administer the NIHB Program. We require the bellow information for the adjudication and payment of claims and for audit purposes. Your personal information will not be disclosed without your consent, except in accordance with subsection 8(2) of the Privacy Act. For more information, please contact the Nunatsiavut Government, Department of Health and Social Development, Non Insured Health Benefits.

Eligibility:

- Clients must be Beneficiaries of the Labrador Inuit Land Claims Agreement. Questions about Beneficiary status must be directed the Nunatsiavut Government Registrar of Beneficiaries.
- Service providers must already be an approved NIHB mental health provider with the Nunatsiavut Government prior to seeking coverage through the NIHB program
- Mental wellness services must first be considered through other coverage options (e.g. provincial/territorial services, employee assistance programs, health insurance, community programs, etc.), prior to seeking coverage through the NIHB Program.
- This form is to be submitted, reviewed and approved for an extension of private counselling to be covered under the Nunatsiavut Government NIHB Program. Incomplete and/or illegible forms will be returned unprocessed. Please note that the initial client sessions assessment (up to two hours) does not require prior approval with approved NIHB providers.

Coverage:

Every calendar year (January-December), NIHB clients are eligible for coverage of up to 22 hours of counselling performed by an NIHB-eligible provider. Additional hours in the same calendar year may be covered on an exception basis, and an application for an extension request must be submitted for review.

NIHB MH Office use Only:		
Date application received (YYYY-MM-DD)		Received by:

NIHB MENTAL HEALTH COUNSELLING SERVICES EXTENSION FORM

Requests for counselling beyond the noted frequency or additional requests within the same calendar year may be considered on an exception basis. In cases where providers/clients are seeking such exceptional coverage, the provider is required to submit a rationale for the additional hours, along with the completed original application & approval letter from the same calendar year in which the approval was granted.

Part 1: Rational for additional hours:

Please provide a rational for the additional hours that are being requested (additional information may be requested upon review of the application):

Part 2: Submission to be completed by the provider:

Service Code	Service Name
MHA01	Initial assessment, individual
MHA04	Initial assessment, telehealth
MHA05	Initial assessment, couples/group of 2
MHC01	Counselling session, individual
MHC02	Counselling session, family
MHC03	Counselling session, group
MHC04	Counselling session, telehealth
MHC05	Counselling session, couples/group of 2

Using the table above, please indicate what is being requested for an extension of counseling coverage.

Date of Service (YYYY-MM-DD)	Service code (see chart above)	Service Name (see above)	Duration (hours)	Hourly Rate (\$)

PRIOR APPROVAL/CLAIM SUBMISSIONS CAN BE SENT TO THE FOLLOWING CONTACT BELOW	
mentalhealthNIHB@nunatsiavut.com Fax: (709) 896-9751 (attention mental health NIHB)	Nunatsiavut Government, Mental Health NIHB 218 Kelland Drive P.O Box 496 Station C, A0P 1C0 Happy Valley-Goose Bay, NL

Submissions will be assessed and the provider will be advised of the outcome, by the method they have specified in their communications preferences.

For more information, please direct questions to: mentalhealthNIHB@nunatsiavut.com

Nunatsiavut Government, Dept. of Health & Social Development

Regional office: (709) 896-9750

Toll free: 1 (866) 606-9750

Fax: (709) 896-9751 (attention mental health NIHB)