

**NON-INSURED HEALTH BENEFITS**  
**MENTAL HEALTH COUNSELLING COVERAGE EXTENSION**  
*Application*

**Privacy Statement:**

The Nunatsiavut Government (NG), Non-Insured Health Benefits (NIHB) program only collects the information needed to administer the NG NIHB Program. We require the information below 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:**

- 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 or Indigenous Services Canada (ISC) prior to seeking coverage through the NG 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 NG NIHB Program.
- This form is to be submitted, reviewed and approved for an extension of private counselling to be covered under the NG NIHB Program. Incomplete and/or illegible forms will be returned unprocessed. Please note that the initial Beneficiary sessions assessment (up to two (2) hours) does not require prior approval with an approved NG NIHB or ISC provider.

**Coverage:**

**Every calendar year** (January-December), NG NIHB Beneficiaries are eligible for coverage of **up to 22 hours of counselling** performed by an NG NIHB-eligible provider. **Additional hours** in the same calendar year may be covered **on an exception basis**, with the submission of this extension request.

**NG NIHB MH office use only:**

<b>Application Received</b> (yyyy-mm-dd):	<b>Received By:</b>
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**NG NIHB MENTAL HEALTH COUNSELLING SERVICES EXTENSION FORM**

Requests for counselling beyond the 22 eligible hours within the same calendar year may be considered on an exception basis. In cases where providers/beneficiaries 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: Beneficiary and provider information** *(required)*

Beneficiary Information	
<b>Beneficiary Name:</b>	<b>N Number:</b>
<b>Legal Guardian</b> <i>(if under the age of 18):</i>	
<b>Preferred Contact Information:</b>	
Provider Information	
<b>Provider Name:</b>	<b>Business Name:</b>
<b>Date of Original Approval:</b>	<b>Date of Extension Request:</b>

**Part 2: Rationale for additional hours** *(to be completed by the provider)*

Please provide a rationale for the additional hours that are being requested. Include the treatment plan to meet Beneficiary needs and goals (additional information may be requested by the NG upon review):

**Part 3: Extended counselling coverage request details** *(to be completed by the provider)*

Please indicate what is being requested for an extension of counselling coverage.

Date of Service (YYYY-MM-DD)	Service Code and Name	Duration (hrs)	Hourly Rate(\$)

**Service code and name reference table**

<b>MHA01</b> - Initial assessment, individual	<b>MHC02</b> - Counselling session, family
<b>MHA04</b> - Initial assessment, telehealth	<b>MHC03</b> - Counselling session, group
<b>MHA05</b> - Initial assessment, couples/group of 2	<b>MHC04</b> - Counselling session, telehealth
<b>MHC01</b> - Counselling session, individual	<b>MHC05</b> - Counselling session, couples/group of 2

**PRIOR APPROVAL/CLAIM SUBMISSIONS CAN BE SENT TO THE FOLLOWING CONTACT BELOW:**

**FOR MORE INFORMATION, PLEASE DIRECT QUESTIONS TO:**

**Emailed:**

[mentalhealthNIHB@nunatsiavut.com](mailto:mentalhealthNIHB@nunatsiavut.com)

**Faxed:**

(709) 896-9751 (attention Mental Health NIHB)

**Mailed:**

Nunatsiavut Government, Mental Health NIHB  
218 Kelland Drive  
P.O Box 496 Station C, A0P 1C0  
Happy Valley-Goose Bay, NL

**Email:**

[mentalhealthNIHB@nunatsiavut.com](mailto:mentalhealthNIHB@nunatsiavut.com)

**Regional Office:**

(709) 896-9750

**Toll Free:**

1 (866) 606-9750

**Fax:**

(709) 896-9751  
*(attention mental health NIHB)*

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