

# Regional Mental-Health Counselling Benefits Policy

## Nunavik's NIHB Program

**POLICY: NRBHSS RP-02**

<b>ADOPTION:</b>		
Board of directors	Resolution: 2024-08	BOD- February 21 <sup>st</sup> 2024
Date: February 21 <sup>st</sup> 2024		
<b>EFFECTIVE DATE:</b>	September 1 <sup>st</sup> , 2023	

<b>SUBJECT/SUJET:</b> Regional Mental-Health Counselling Benefits Policy – Nunavik’s NIHB	<b>POLICY NO./POLICE NO</b> NRBHSS – RP 02
<b>TO/À:</b> Executive Directors of the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre	
<b>UNDER THE RESPONSIBILITY OF/SOUS LA RESPONSABILITÉ DE:</b> NRBHSS Department of Out-of-Region Services	

**BACKGROUND OF POLICY**

<b>TITLE:Regional Mental-Health Counselling Benefits Policy – Nunavik’s NIHB</b>		
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## 1 Preamble

In accordance with the Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program, this Regional Mental-Health Counselling Benefits Policy determines the specific framework with regard to the NIHB program and beneficiaries of the *James Bay and Northern Québec Agreement (JBNQA)*. The executive directors of the Ungava Tulattavik Health Centre and the Inuulitsivik Health Centre, or their representatives, are responsible for the application and management of this Regional Mental-Health Counselling Benefits Policy in the Nunavik region.

This policy applies to institutions in Region 17 (Nunavik) to cover professional counselling for mental health in view of providing assistance in situations of need in the area of mental health and supplementing the services for mental well-being provided in the community. Beneficiaries of the *JBNQA* can access benefits for mental-health counselling through an admissible mental-health counsellor without the need for a medical referral.

This policy outlines the terms and conditions, criteria and guidelines for the NIHB program's professional mental-health counselling benefits, such as:

- client eligibility;
- client roles and responsibilities;
- frequency guidelines and coverage;
- type of eligible mental-health counselling;
- exceptions;
- exclusions;
- provider eligibility;
- access;
- fee rate.

This policy must be revised every three years.

## 2 Legal Foundations

This document was revised and approved by the Nunavik Regional Board of Health and Social Services.

It complies with the basic principles of benefits and services planned under the Non-Insured Health Benefits program from Indigenous Services Canada regarding mental-health counselling. Additional coverages are intended to better meet the needs and reality of *Nunavimmiut* and improve access to services for eligible beneficiaries.

### 3 Basic Principles

Beneficiaries can contact their local support resources (health centre or community organizations) to determine what other community mental-health counselling programs are available.

Beneficiaries of Nunavik can access benefits of mental-health counselling through an admissible mental-health counsellor without the need for a medical referral.

Typically, providers operate by appointment, and individual clients are responsible for contacting the provider to make an appointment. Only services delivered by an eligible provider are eligible for reimbursement.

The consultations can occur in individual, couple, family or group settings. The consultations can occur in person or by telehealth. For beneficiaries living on the territory, if the session occurs in person and the counsellor is outside the Montreal region, the beneficiary himself shall assume the cost of transportation between Montreal and his mental-health counsellor.

The program provides eligible persons with coverage for benefits not already reimbursed for the beneficiary under other federal, provincial, territorial or private health insurance.

### 4 Service eligibility

#### 4.1 Client eligibility

Clients will need to know their beneficiary identification number and share this with the mental-health counselling provider's office so their provider can seek the necessary approvals and bill the program for counselling services provided to the client.

NIHB coverage is provided for eligible persons as regards the program, as specified in section 3 of the "Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program." Services for eligible beneficiaries must be billed using each eligible beneficiary's individual identification number. Providers may not use a beneficiary's identification number to bill the NIHB program for services provided to dependents or individuals other than the individual client.

#### 4.2 Client roles and responsibilities

The beneficiary who wishes to obtain this service must undertake the procedures himself to contact the mental-health counsellor of his choice. Upon request, his local CLSC, his health centre or the Nunavik NIHB team can provide a list of mental-health counsellors to help the beneficiary in the process.

The mental-health counsellor must be an eligible provider as defined in section 5.1 Provider eligibility.

Since the first session with a mental-health counselling provider should generally be in person and transportation support is available for beneficiaries living on the territory as per the “Regional Health Transportation Policy- Nunavik’s NIHB Program,” if needed, to the nearest appropriate provider, it is strongly recommended to use services of mental-health counsellors in Montreal. If the counsellor is outside the Montreal region, the beneficiary himself shall assume the cost of transportation between Montreal and his mental-health counsellor.

The beneficiary has the responsibility to ensure follow-up directly with his mental-health service provider regarding appointments. In case of a missed appointment without prior notice to the professional, the beneficiary shall be responsible for payment or penalties for the session. The mental-health counsellor will not be reimbursed by the NIHB program for any appointments missed or cancelled by the beneficiary.

If the sessions are scheduled to be held by videoconference, the beneficiary shall be responsible for obtaining the telephone number to contact his mental-health counsellor in case of computer problems at the time of the appointment.

### 4.3 Frequency guidelines and coverage

#### 4.3.1 Counselling sessions

Every 12 months, eligible beneficiaries are eligible for coverage of up to 22 hours of counselling performed by an eligible provider consisting of:

- initial assessment (actual hours, up to a maximum of two hours). In order to facilitate timely access to services, these sessions are post approved\*;
- up to 20 hours of counselling, not including the initial two hours/assessment. Prior approval is required. Additional hours in the same 12-month period may be covered on an exceptional basis.

\* If the mental-health counselling provider is on the list provided by their local CLSC, health centre or NIHB Nunavik team, the provider may undertake the initial assessment of up to two hours of counselling without prior approval, in order to determine and plan a course of treatment for the client.

Only the time spent actively assessing or counselling the client is eligible for reimbursement. Only services for an eligible beneficiary shall be reimbursed. However, please note that when the provider submits an application for prior approval, the assessment hours must also be included in order for these hours to be paid as part of the claim for counselling services provided.

#### 4.3.2 Transportation and lodging

The first session with a mental-health counselling provider should generally be in person, so the eligible beneficiary and his provider can discuss a treatment plan and decide whether in-person or telehealth is best for the beneficiary.

For beneficiaries living on the territory, if necessary, transportation assistance is available in accordance with the “Regional Health Transportation Policy- Nunavik’s NIHB Program,” to the nearest appropriate provider. If the counsellor is outside the Montreal region, the beneficiary himself shall assume the cost of transportation between Montreal and his mental-health counsellor if the session occur in person.

#### 4.4 Types of eligible mental-health counselling

All types of counselling (for example, group or individual counselling) count equally towards the client's 22 hours of total counselling eligible in a 12-month period.

Only services provided by an eligible provider directly for an eligible beneficiary will be eligible for coverage/reimbursement.

Many mental-health counselling providers offer counselling services by telehealth or by phone, and these services are covered by Nunavik NIHB program.

##### 4.4.1 Individual counselling

This is counselling provided to an eligible beneficiary on a one-on-one basis. If the provider deems it necessary as part of counselling for the beneficiary receiving the treatment, another person such as a family member may be present during the counselling session(s). However, counselling for non-eligible individuals may not be billed to the program.

If a family member participates (such as in a support or information-providing role), the session is to be billed as individual counselling to the primary client. No amount is to be billed for this other participant, regardless of their own eligibility under the NIHB program.

Providing counselling to more than one eligible client in the same session is considered a group-counselling session to be billed at the group-counselling rates. If a number of family members who are eligible for NIHB coverage participate in the same session, then the session is to be billed using the group-counselling code and rate for each eligible beneficiary.

##### 4.4.2 Couples/group-of-two counselling

This is counselling provided to couples or to support two individuals in a group such as a family. To have the cost for this type of counselling fully covered up to the maximum allowable, both

participants must meet the eligibility criteria. In cases where only one of the two participants is eligible for the benefit, the program will pay 50% of the hourly cost up to the maximum amount.

#### 4.4.3 Group counselling

Counselling provided to multiple, eligible beneficiaries in the same session, where a client participates in active counselling along with other clients, is considered group counselling. It is normally part of a course of treatment that also includes individual (for example, one-on-one) counselling.

Group-counselling session hours are to be billed at a rate per client which is no higher than permitted in the fee guide. No payment or administrative fee will be paid for running the group as a whole. Providers must apply for prior approval and submit a claim for each eligible individual beneficiary, up to the maximum number of clients noted in section 4.5 Maximum group size eligible for reimbursement, for each hour the eligible beneficiary participates in the group.

For situations where multiple NIHB-eligible family members participate in the same session and all receive counselling services, use the group-counselling code.

#### 4.5 Maximum group size eligible for reimbursement

When providing group counselling, providers are expected to work with groups no larger than permitted by the standards established by their regulatory body. However, in order to ensure quality services for clients and active participation by all, please note that the NIHB program will not accept claims for payment for more than eight participants in any one group counselling session for one provider. An exception may be made for a group of more than eight participants if they are members of the same family.

A larger format may be considered on an exceptional basis where multiple providers arrange to work together with a larger group format, while respecting an effective and appropriate client-to-provider ratio. The providers are to agree on which participants are the responsibility of which provider to avoid duplicate billing, and each provider may not bill for more than eight eligible clients. Sessions for each eligible client may be billed by only one provider for each session at a rate not exceeding the group rate.

##### 4.5.1 Ineligible group formats

Formats such as seminar, classroom, workshop or skills or other types of training sessions are not eligible for coverage as they are not considered as mental-health counselling.

Where an eligible provider has received prior approval for group counselling, this prior approval may not be used to claim for services of this type as they are ineligible services. Claims made for such services will not be paid and are subject to recovery if paid in error.



## 4.6 Exceptions

Requests for counselling beyond the noted frequency or additional requests within the same 12-month period may be considered on an exceptional basis.

In cases where providers/clients seek such exceptional coverage, the provider is required to submit a rationale for the additional hours. The rationale must detail the frequency and duration of counselling required by the client and the anticipated date of completion of the treatment plan in place for the client. Additional information may be sought on a case-by-case basis.

## 4.7 Exclusions

The services listed here will NOT be covered under any circumstances and are not subject to the appeal process:

- forced conversion therapy (any practice, treatment or service designed to change or repress a person's sexual orientation, gender identity/expression);
- services for the purpose of a third party (for example, school application, employment assessment, to support a legal action, child custody);
- any service by a non-eligible provider, regardless of its purpose;
- services that are not mental-health counselling/psychotherapy (including, but not limited to, psychoeducational testing assessments, educational and vocational counselling, life skills training, life coaching/mentoring, early intervention/enrichment programs, sexual surrogacy/surrogate-partner therapy, neuromodulation or other medical treatment such as psychedelic-assisted psychotherapy);
- costs to administer tests, such as license fees (only the professional's time may be billed);
- community workshops, seminars or training;
- retreats or other live-in or all-day models. Only individual or group mental-health counselling services may be eligible if all criteria are met;
- professional or other fees for ceremony or other traditional practices carried out by the provider or another person;
- consultation or management advisory services (for example, policy, procedure review);
- telehealth through instant messaging, emails or apps;
- the cost of cellular phones or cellular data;
- subscription-based services (example, a monthly/annual fee for access to a therapist service on demand);
- non-counselling time, such as "on-call" after-hours availability, waiting/travel time or administration (filing reports, making notes other than note taking that is billed as part of a session) or other non-counselling hours spent with clients such as meals, transportation, or social time;
- services provided to non-eligible beneficiaries;
- claims that have been denied due to NIHB-funded services already provided in the community (community-managed services or NRBHSS-contracted visiting providers).

Providers may not bill the NIHB program for group sessions already funded through other public programs or funding sources.

## 5 Mental-health counselling provider

### 5.1 Provider eligibility

To be enrolled, providers must be registered in good standing with a legislated professional regulatory body and eligible for independent practice in the province or territory in which the service is provided. This includes the following types of providers:

- registered psychologists;
- registered social workers;
- registered sexologists;
- registered psychotherapists;
- other regulated mental-health providers permitted to practice by legislation.

A provider's disciplinary history may be considered as part of the NIHB's review of the billing-agreement application. Providers must operate physically in Canada in order to be eligible as an NIHB mental-health counselling provider.

## 6 Access

The NIHB is accessible through a self-referral process. The beneficiary has access to a list of authorized professionals through the NIHB team and local CLSC. If the professional chosen by the beneficiary is not on this list, the professional must be registered in good standing with a legislated professional regulatory body as stated in the policy statement (2) as per section 5.1.

The beneficiary shall contact the professional and agree on the date and means of communication for the first appointment, with or without support from local health and social services.

The professional shall then send an application for authorization to the NRBHSS NIHB team.

The authorization letter provided by the NRBHSS NIHB team establishes the total number of hours approved and how these services will be delivered (e.g., individual or family, telehealth or in person). This letter is intended to confirm:

- the client is eligible for coverage;
- the provider is registered or eligible for registration;
- the coverage that is available;

Approval of authorization applications will be assessed within two business days of being submitted. The provider and the person(s) for which the service is requested will be advised of the outcome of the prior-approval process.

Providers can initiate the initial assessment of up to two hours, for eligible clients, without obtaining prior approval. However, please note that when the provider submits an application for prior approval, the assessment hours must also be included in order for these hours to be paid as part of the claim for counselling services provided.

## 7 Fee rate

The maximum hourly rate covered is fixed as per Appendix 1 - Fee Grid – Quebec Region. Unless otherwise specified, the Nunavik NIHB establishes its maximum rate based on Indigenous Services Canada. The fee grid is subject to change annually.

## 8 Professional complaints

If clients have concerns regarding the counselling they receive or the professional conduct of a counsellor, they are encouraged to contact the provider's regulatory body directly.

Please note that mental-health counsellors are health professionals who are regulated by provincial regulatory bodies and not employees of the Nunavik NIHB program. The NIHB program will assist beneficiaries in finding another provider and will cooperate in helping the regulator to investigate complaints.

## 9 Application of the policy

This policy annuls and supersedes any previous policy on the subject.

## 10 Appeal procedure

A user is entitled to file an appeal if they are refused benefits under the Nunavik NIHB program as detailed in the Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program.

## Appendix 1 : Fee Grid – Quebec Region

SERVICE	FREQUENCY (total of related service)	MAXIMUM ELIGIBLE HOURLY RATE UP TO:
Initial Assessment, Individual	Maximum of 2 hours every 12 months (total of all related service)	153,00 \$
Initial Assessment, Telehealth		153,00 \$
Initial Assessment, Couples/Group of 2	Maximum of 2 hours every 12 months	153,00 \$
Counselling Session, Individual	Maximum of 20 hours every 12 months (total of all related service)	153,00 \$
Counselling Session, Group		51,00 \$
Counselling Session, Telehealth	Additional hours in the same 12 month period may be provided on a case-by-case basis	153,00 \$
Counselling Session, Couples/Group of 2		76,50 \$

Claims will only be reimbursed for services by providers who are registered or eligible to be registered.

Amounts billed will be reimbursed up to the maximum eligible rate.

Unless otherwise specified, the Nunavik NIHB establishes its maximum rate based on Indigenous Services Canada.

Fee grid is subject to change annually.