

First Nations and Inuit Health Branch

Program Plan

April 2018

Funding Arrangement #:

Recipient:



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Primary Health Care

Health Promotion and Disease Prevention
HEALTHY CHILD DEVELOPMENT

Healthy Child Development (HCD)

Terms and Conditions, Objectives and Activities

DEFINITIONS

“**HCD**” means the Healthy Child Development component (which may include AHSOR, FASD, CPNP and MCH programs and services), including the terms and conditions which are set out in this Program Plan. The community-based programs that make up the HCD program cluster aim to improve the health of mothers, children and families, and support the development of children in an effort to address the gap in health outcomes between Indigenous and non-Indigenous children. This cluster-level Program Plan is intended to provide a consistent approach for Funding Arrangements for all the programs and services within the HCD program cluster.

“**AHSOR**” means the Aboriginal Head Start On Reserve Program.

“**FASD**” means the Fetal Alcohol Spectrum Disorder Program.

“**CPNP**” means Canada Prenatal Nutrition Program.

“**MCH**” means the Maternal Child Health Program.

Goals

1. To improve health outcomes associated with First Nations and Inuit maternal, infant, child and family health. The areas of focus include prenatal health, postnatal health and newborn care, nutrition, early literacy and learning, and physical, emotional and mental health.

Provider Qualifications

2. Where the Recipient engages the services of a professional service provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that if the provider is a professional (e.g. Early Childhood Educator, Teacher, Nutritionist/Dietitian, Social Worker, Registered Nurse or other regulated health professional), the provider is a registered member in good standing of the college or professional association applicable to the provider’s profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.
3. Where the Recipient engages the services of a community based worker for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

Objectives

4. In order to implement the HCD program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 5 of this Program Plan to achieve the following objectives:

- 1) Collaborate with First Nations, Inuit, governments, and community partners in the regions to improve the coordination of and access to maternal and child health, and healthy child development programs and services.
- 2) Aid the development, delivery and management of culturally appropriate programs, services and initiatives for First Nations living on-reserve and Inuit living in Inuit communities, providing increased support for women and families with young children from preconception through pregnancy, birth and parenting by:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- a) providing services to children and families to support improved physical, intellectual, social, spiritual and emotional development and well-being of First Nations children using the six (6) components of Aboriginal Head Start (Language and Culture; Nutrition; Education; Health Promotion; Social Support; and Parental and Family Involvement);
 - b) providing nutritional services (screening, education and counselling), maternal nourishment and promoting breast-feeding to support improved maternal and infant nutritional health;
 - c) offering home visiting by nurses and family visitors to increase access to screening and assessment of pregnant women, new parents and children to assess family needs and support increased participation of fathers and Elders; and ensuring referrals and case management supports are delivered as required; and
 - d) promoting reproductive, preconception and prenatal health by implementing prevention programs through FASD mentoring projects, using an evidence-based home visitation model; and implementing intervention programs through case management and community coordination to facilitate access to FASD diagnosis, and to help women and families connect with multi-disciplinary diagnostic teams and other supports and services.
- 3) Build capacity among First Nations/Inuit individuals, families and communities to deliver community-based health promotion and disease prevention programs and services by supporting activities such as planning, asset mapping, training, public education and awareness activities.
 - 4) Educate and create awareness of FN and/or Inuit maternal, family and child health priorities, programs and partnerships through prevention (awareness and education), intervention (assessment, referrals and counselling) and support.

Activities

5. In order to carry out the Objectives, each respective HCD program funded at the Recipient level will complete the following activities:

Please note: the Recipient should identify which activities are to be provided to support HCD programs as listed below and covered by this Arrangement.

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) Education, Information & Counselling:
 - a) promoting healthy eating through nutrition/dietary assessment;
 - b) one-to-one and/or group nutrition counselling/education;
 - c) group nutrition counselling/education;
 - d) traditional/cultural teachings;
 - e) breastfeeding promotion, education and support;
 - f) drug/alcohol addiction counselling;
 - g) culturally relevant teachings for women at risk of having a child with FASD;

- h) education on FASD related behaviours and strategies;
 - i) peer mentoring initiatives;
 - j) smoking cessation;
 - k) exercise classes;
 - l) hospital tours;
 - m) proper use of car seats and child safety;
 - n) prenatal/postpartum health promotion, education and support;
 - o) promotion of First Nations languages;
 - p) physical activity education;
 - q) literacy related activities/resources;
 - r) parental involvement for education & awareness;
 - s) other: _____.
- 2) Capacity Building & Training:
- a) parenting skills;
 - b) baby food making;
 - c) healthy food cooking classes or community kitchens;
 - d) asset mapping;
 - e) FASD community education/awareness;
 - f) staff training and education (i.e. Early Childhood Education Certificate, CPR, etc.);
 - g) family planning/sex education (reproductive health/preconception info);
 - h) FASD training for health care providers;
 - i. parent advisory committees - to engage parents and provide programming advice;
 - i) family involvement in activities or workshops to engage extended family;
 - j) other: _____.
- 3) Access to Resources:
- a) boxes, bags, hampers of food including traditional food;
 - b) vouchers or coupons for food;
 - c) vitamin/mineral supplements;
 - d) supplies needed for breastfeeding;
 - e) doula services/supports;
 - f) referrals for access to screening and assessment services;
 - g) purchase resources or educational material;
 - h) transportation to program;
 - i) childcare;
 - j) labour and delivery support;
 - k) incentives to promote program participation;
 - l) baby supplies;
 - m) other: _____.
- 4) Outreach/Home Visitation:
- a) peer mentors;
 - b) registered nutritionist/dietitian;
 - c) community health nurse;
 - d) family/home visitor;
 - e) early childhood educator;
 - f) other: _____.
- 5) Support Groups:
- a) breastfeeding support group;
 - b) support circle;
 - c) other: _____.

- 6) Coordination of Services
 - a) linking children/families to diagnostic services;
 - b) case management to improve access to services, including, but not limited to, children with special needs;
 - c) coordination with other community-based support services [please specify - e.g., Aboriginal Human Resource Development Arrangement (AHRDA), National Native Alcohol and Drug Abuse Program (NNADAP), medical, law enforcement or child and family services]
_____;
 - d) referrals [please specify - e.g., child and family services, child assessment specialist, housing, education, other]
_____;
 - e) visits by or to health and other professionals [please specify - e.g., Nurse, CHR, doctor, nutritionist, speech pathologist, others]
_____;
 - f) (f) joint activities [please specify - e.g., field trips, community cultural events, activity days, others] _____;
 - g) linkages with other community-based early childhood related services [please specify - e.g., First Nations & Inuit Child Care Initiative (FNICCI), day care, Indigenous & Northern Affairs Canada (INAC) kindergarten]
_____;
 - h) other _____.

Safe Transportation Measures

6. The Recipient shall ensure that protocols/guidelines, directives and standards regarding the transportation of children and adults by any type of motor vehicle are enacted. These protocols/guidelines, directives and standards will respect applicable motor vehicle legislation in the Recipient's respective province or territory, and take into account the concerns of parents, facility administrators and other stakeholders. A copy of the Recipient transportation policy shall be forwarded to the regional office of Department of Indigenous Services Canada.

Children's Oral Health Initiative and Oral Health Professional Activities (COHIOHPA)

Terms and Conditions, Objectives and Activities

Goal

1. The goal of the Children's Oral Health Initiative (COHI) and Oral Health Professional (dental hygienist/dental therapist/dentist) activities is to address the high rates of preventable dental disease and to provide First Nations and Inuit communities with opportunities to:
 - 1) implement and participate in activities to address and reduce dental disease incidence;
 - 2) reduce untreated disease burden within their communities;
 - 3) promote good oral health practices; and
 - 4) provide access to oral health clinical services within their scope of practice.

Provider Qualifications

2. Where the Recipient engages the services of an oral health professional for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided / or that the provider is supervised by a dentist who is a registered member in good standing with the college and/or professional association of the jurisdiction where the services are to be provided.
3. Where the Recipient engages the services of a community aide for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider successfully completes the required training and is eligible to receive a FNIHB provider number. The community aide provides services with the support and consultation of an oral health professional (dental hygienist/dental therapist/dentist) upon successfully completing the community aide training program.

Objectives

4. In order to implement the Children's Oral Health Initiative and Oral Health Professional (dental hygienist/dental therapist/dentist) activities for First Nations and Inuit in their communities under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 5 (Activities) of this Program Plan to achieve the following objectives:
 - 1) raise awareness on the prevention of dental disease and the promotion of good oral health practices;
 - 2) support the development of a culturally appropriate approach to care and treatment, oral disease prevention and good oral health promotion practices by following the policies and procedures as described in the COHI Manual;
 - 3) build capacity, linkages and infrastructure for all components of the Children's Oral Health Initiative activities in the Recipient's community(ies);
 - 4) promote good oral health practices to children aged 0 to 7, to their parents, caregivers and to pregnant women;
 - 5) improve access to oral health services by providing basic clinical services to First Nations and Inuit; and
 - 6) coordinate with other community-based programming.

Activities

5. In order to carry out the Objectives, the Recipient shall:
- 1) collect authorization forms and updated medical histories for all children before any type of screening and/or treatment can be provided as described in the COHI Manual;
 - 2) provide health promotion material to prenatal and neonatal groups and individuals as required following the guidelines of the community aide training;
 - 3) ensure the proper identification, handling and secure storage of materials such as fluoride varnish and educational materials necessary to carry out the work of the Arrangement;

WHERE APPLICABLE

- 4) provide fluoride varnish applications to the enrolled 0 to 7 year old children in accordance with the fluoride varnish application protocol as detailed in the COHI Manual. If provided by a community aide, they are to follow the protocol as outlined in the community aide training session and with the support and consultation of an oral health professional;

WHERE APPLICABLE

- 5) provide support and assistance in the organization of the required dental screening of enrolled 0 to 7 year old children by the oral health professional;

WHERE APPLICABLE

- 6) provide dental screening to 0 to 7 year old children in accordance with the screening protocol as detailed in the COHI Manual;

WHERE APPLICABLE

- 7) provide the placement of dental sealants for the enrolled 5 to 7 year old children in accordance with the sealant protocol as detailed in the COHI Manual;

WHERE APPLICABLE

- 8) provide Alternative Restorative Treatment (ART) for the enrolled 0 to 7 year old children in accordance with the Alternative Restorative Treatment protocol as detailed in the COHI Manual;

WHERE APPLICABLE

- 9) provide Interim Stabilisation Therapy (IST) for the enrolled 0 to 7 year old children in accordance with the IST protocol as detailed in the COHI Manual;

WHERE APPLICABLE

- 10) provide support and assistance to the oral health professional during specified procedures as required; and

WHERE APPLICABLE

- 11) provide clinical oral health services, emergency and preventive services within the respective scope of practice.

Record Keeping Requirements

6. The Recipient shall maintain the following information on file and make it available upon request for review and audit:
- 1) records, including complete dental charts, client lists, client authorization forms and dental records, ensuring they are kept secure and confidential;
 - 2) inventory of promotional materials and initiative supplies (e.g., fluoride varnish, etc.); and
 - 3) product storage and management records.

MENTAL WELLNESS

Mental Health and Suicide Prevention – Brighter Futures (BF) Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to implement the Brighter Futures (BF) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan in order to achieve the following objectives:
 - 1) increase awareness in mental health, child development, healthy babies, injury prevention and parenting skills;
 - 2) improve the knowledge and skills of front line health workers and community members in the areas of mental health, child development, healthy babies, injury prevention and parenting skills;
 - 3) provide opportunities to improve health services;
 - 4) address the serious health problems affecting children and families in a community-based, holistic and integrated manner and support optimal health and social development of infants, toddlers and pre-school age children;
 - 5) improve the health of children by facilitating the prevention of and early intervention on health problems and by promoting better integration of health services;
 - 6) assist parents and professionals with information on the knowledge and skills necessary to effectively contribute to the improved health and development of children;
 - 7) support community development and provide opportunities for the Recipient's community/organization to find their own solutions to the health and developmental needs of children, youth, family and community; and
 - 8) ensure integrated and coordinated care for children and families by coordinating human service sectors (health, social services, justice, education, employment, etc.).

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) deliver culturally appropriate and holistic community-based projects and programs to community members and in partnership with community leadership in one or more of the following component of the Brighter Futures program:
 - a) mental health;
 - b) child development;
 - c) healthy babies;
 - d) injury prevention; and

- e) parenting skills.
- 2) develop and disseminate culturally sensitive resource materials targeted to high risk families and children;
- 3) provide training opportunities to front line workers and community members;
- 4) assist children and parents to develop positive attitudes, values and skills that have roots in their cultural heritage; and
- 5) undertake activities to develop at least one of the following areas:
 - a) specialized mental health training;
 - b) research and program evaluation;
 - c) community approaches to child development; and
 - d) program standards and networks.

Mental Health and Suicide Prevention – Building Healthy Communities – Mental Health Crisis Management (BHC/MH)

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to implement the Building Healthy Communities - Mental Health Crisis Management (BHC/MH) program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) establish a community-based mental health crisis management program;
- 2) enhance community management and control and provide the necessary tools to aid in the intervention in problems of depression and suicide by targeting communities in crisis;
- 3) address critical gaps in mental health services and programs and provide crisis intervention, aftercare and training for care givers and Members of the Recipient's community/organization to deal with crisis; and
- 4) provide support for intervention in crisis situations in order to reduce the number of suicide attempts and other violent crisis situations.

Activities

3. In order to carry out the Objectives, the Recipient shall undertake activities in one or more of the following areas:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) provide and/or develop culturally sensitive training for community members and care givers (i.e. crisis management, crisis intervention, trauma, suicide prevention, etc.);
- 2) provide community education and awareness of the nature of mental health; and
- 3) provide assessment, counselling programs, referrals for treatment and follow-up treatment, after care and rehabilitation to Members of the Recipient's community/organization.

Mental Health and Suicide Prevention – Building Healthy Communities - Solvent Abuse Program (BHC/SAP)

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to implement the Building Healthy Communities - Solvent Abuse Program (BHC/SAP) under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:
 - 1) support the Recipient's community to reduce the level of solvent addiction;
 - 2) increase awareness and understanding among the Recipient's Members about solvent addiction as well as awareness and promotion of alternative healthier lifestyle; and
 - 3) strengthen links between the community-based program and residential treatment and provide support to individuals and families in post treatment.

Activities

3. In order to carry out the Objectives, the Recipient shall:

Early Identification and Intervention

- 1) identify and support individuals who are in high risk situations or expressing the early signs and symptoms of solvent abuse behaviour;

Prevention and Community Development

- 2) identify issues surrounding solvent abuse in order to respond appropriately to reduce the misuse;
- 3) work in cooperation with community programs and resources, including NNADAP and other workers in the community;
- 4) provide community education and awareness on solvent abuse and its contributing factors;
- 5) provide support to community leadership, band, staff and families;
- 6) promote networking of resources in or close to the community;

Support to Clients Undergoing Residential Treatment

- 7) conduct assessments. This includes identification of a client's major strengths and problem areas culminating in a treatment plan and a referral for assistance;
- 8) engage in case managements, which include monitoring, tracking and providing support to a client throughout the course of his/her treatment aftercare; and

- 9) provide aftercare. This includes making resources or services available at the community level to provide continuing encouragement and additional services as needed following a client's completion of a treatment plan.

Mental Health and Suicide Prevention – National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

Terms and Conditions, Objectives and Activities

Goal

1. The goal of the National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) is to develop a national approach to Aboriginal youth suicide prevention in Canada that will increase protective (preventive) factors such as resiliency, and reduce the risk factors associated with suicide.

Provider Qualification

2. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

3. In order to implement the NAYSPS under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Program Plan to achieve the following objectives:
 - 1) increase awareness and understanding of Aboriginal youth suicide prevention;
 - 2) strengthen key protective factors such as a strong sense of identity, meaning and purpose, and resilience;
 - 3) strengthen and facilitate collaborative approaches and linkages within and across governments, agencies and organizations;
 - 4) develop and implement locally-driven suicide prevention plans in First Nations and Inuit communities;
 - 5) improve and increase crisis response efforts to intervene more effectively in preventing suicide and suicide clusters following a suicide-related crisis in First Nations and Inuit communities; and
 - 6) enhance knowledge development regarding what is known about what works in preventing Aboriginal youth suicide.

Activities

4. In order to carry out the objectives, the Recipient shall undertake the activities outlined in the approved work plan. All NAYSPS work plans should be guided by the NAYSPS program framework. The NAYSPS Program Framework is available from the Regional office.

Mental Health – Victims of Family Violence Investments

Terms and Conditions, Objectives and Activities

Definitions

“**Family Violence**” refers to a range of abusive behaviours that occur within relationships, including physical, sexual, emotional and financial abuse, as well as neglect. This specific program activity includes victims of family violence and their children.

“**Trauma-Informed Care**” refers to an approach in which the service providers or front line workers is equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma.

“**Trauma**” is defined as an experience that overwhelms an individual’s capacity to cope (e.g. child abuse, witnessing violence, disrupted attachment, sudden and unexpected loss).

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a professional mental health provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider meets the NIHB Program’s eligibility requirements for Mental Health Counselling (Stream 1) including: registration with a legislated regulatory body and eligibility to practice in the province/territory in which the service is being provided; and
 - 2) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

Objectives

2. In order to implement the Victims of Family Violence Investments under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:
 - 1) improve the public health response to victims of violence and their children through a multi-faceted approach that will:
 - a) enhance access to mental health counselling for victims of violence; and
 - b) support and enhance organizations and partnerships that provide integrated services to victims of violence.

Activities

3. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

Under Stream 1:

Provide Mental Health Counselling to victims of violence in a manner consistent with NIHB Program Mandate and regional guidelines. This includes the performance by the Recipient of the following activities:

- 1) provide clients with access to professional mental health counselling which is not available to the client from any other part of the mental wellness continuum in a time frame that meets their needs;
- 2) provide professional fees for a mental health provider. If required and cost-effective, travel costs may be provided to enable the provider to travel to the community.

Under Stream 2:

Improve and strengthen access to trauma informed and culturally relevant health care services for victims of violence. This includes the performance by the Recipient of the following activities:

- 3) Improve access to health care services for victims of family violence by:
 - a) helping victims of family violence find a suitable mental health service provider with whom they can communicate and trust;
 - b) developing a follow-up outreach program to help victims of violence transition from shelters to supports in or out of the community;
 - c) implementing support groups for victims of family violence;
 - d) implementing a virtual community where victims of family violence can connect, share ideas and find available supports (e.g. mental health crisis counselling, health, social services, mental wellness team, Indian Residential Schools supports, addiction treatment centres, shelters, etc.); and
 - e) other: _____.
- 4) Link across disciplines (such as health, justice, social services, etc.) by:
 - a) supporting the development of “roundtable” forums where health care professionals, paraprofessionals across disciplines can explore opportunities to link/leverage resources to better support victims of family violence in communities;
 - b) enhancing “during and/or after hours” parenting supports services;
 - c) increasing community awareness and family violence prevention activities such as workshops on healthy relationships;
 - d) hiring a family violence case manager; and
 - e) other: _____.
- 5) Increase more trauma-informed and culturally competent health care services by:
 - a) supporting victims of family violence access alternate treatment approaches such as traditional supports/elders to continue their healing;
 - b) providing Trauma Informed Care training/workshop programs to health care workers;
 - c) developing partnerships with shelters or mental health service providers to develop policies that support efforts in becoming culturally competent; and
 - d) other: _____.

Mental Health – Mental Wellness Teams (MWT) Program Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to undertake community-based activities to support the implementation of the Mental Wellness Teams (MWT) Program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:
 - 1) Seek to improve access to mental wellness services and supports, link with existing services, bring together community, cultural and clinical approaches to care and services, be responsive to communities, and build capacity; tailored to specific community and regional contexts.
 - 2) Seek to balance the application of professional, clinical practices with the traditional culture and values of First Nations and Inuit communities.
 - 3) In support of addressing the mental wellness needs, the MWTs will have a greater awareness of ongoing, and any potential unmet needs within a community and be positioned to work with local or regional officials to draw upon additional resources as needed.
 - 4) Provide comprehensive, client-centered, culturally-safe, community-based mental wellness services in First Nation and Inuit communities, including direct clinical services, cultural supports, and care coordination, enabling communities to be more proactive in addressing needs of vulnerable members.
 - 5) Strengthen partnerships and linkages between community services and second level supports, including Treatment Centers, Mental Health Crisis Intervention Teams (MHCIT), provinces and territories, which will impact community-related determinants of health and mental wellness and improve treatment outcomes as a result of better continuity of care, more appropriate services, better quality of services, and improved access to care.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) MWT will provide a range of sustained, day-to-day mental wellness services including direct clinical services, cultural supports and care coordination. Direct services could include: trauma-informed care, land based healing and treatment, prevention, crisis response, early intervention and screening, aftercare, assessment and intake, referrals, cultural counselling, clinical services, elder advisory service, mental health intervention counselling, community outreach, group circles, cultural ceremonies, training, and individual support.
 - 2) MWT will address community crisis prevention, through early intervention.

- 3) MWT will address the needs of high-risk individuals with complex mental health issues by providing coordinated, multi-disciplinary mental health supports and interventions targeted to areas of acute community need.
- 4) The MWT will serve as a monitoring pre-crisis reporting function to actively and efficiently provide early warning “crisis” signals to Health Directors, Chiefs and Councils as well as the IS Regional offices to better prepare or reduce the level of impending crisis. Develop community crisis monitoring tools and plans to actively and efficiently provide early warning “crisis” signals to Health Directors, Chiefs and Councils as well as the IS Regional offices to prevent/reduce the level of impending crisis.
- 5) MWT will engage and be part of the broader network of supports that include Treatment Centers, Mental Health Crisis Intervention Teams and other community based services as well as link with provinces and territories to improve access to appropriate, quality care and facilitate care coordination.

Mental Health – Mental Health Crisis Intervention Teams (MHCIT)

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to undertake community-based activities to support the implementation of the Mental Health Crisis Intervention Teams (MHCIT) Program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:
 - 1) Increase capacity for emergency responses to social crisis within communities.
 - 2) Provide rapid response services throughout a crisis to assist First Nations and Inuit communities to address complex and evolving challenges that require timely and flexible treatment responses.
 - 3) Strengthen coordination between inter-jurisdictional organizations to provide effective and rapid response to community crisis.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) MHCIT's are demand-driven, which means the teams will be mobilized based on requests from communities, with a focus on working directly with First Nations and Inuit communities affected by crisis.
 - 2) MHCIT's will provide culturally appropriate, direct crisis response services. Direct services could include: surge capacity, mobilization of key partners; coordination; crisis intervention and provision of counselling services; stabilization and de-escalation of risk for communities and individuals; development and/or harmonization of crisis protocols; diversion of persons from hospital admission and the criminal justice system; and training in critical response and trauma informed care.
 - 3) MHCIT's will provide indirect, culturally appropriate, crisis response support. Indirect support could include: developing capacity of individuals and communities to respond to and manage crisis; the development of crisis response plans, assisting Mental Wellness Teams, identification and training of community based team members; identification and training of natural helpers/volunteers within communities.
 - 4) MHCIT's will develop regionally based criteria for crisis intervention and develop crisis protocol plans in collaboration with other responsible agencies (e.g. provincial health services/emergency response, Department of Indigenous Services Canada (NIHB), Tribal Councils and Political Treaty Organizations, local Police).

Substance Abuse Prevention and Treatment – National Native Alcohol and Drug Abuse Program (NNADAP)

Terms and Conditions, Objectives and Activities

Provider Qualifications

1. Where the Recipient engages the services of:
 - 1) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice;
 - 2) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Objectives

2. In order to undertake community-based activities to support the implementation of the National Native Alcohol and Drug Abuse Program (NNADAP) under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:
 - 1) support the Recipient's community to reduce the high levels of alcohol and other substance abuse within their population;
 - 2) build the capacity within the Recipient's community to develop and deliver culturally appropriate community-based addictions services;
 - 3) increase awareness and understanding among the Recipient's residents about alcohol and substance abuse issues as well as awareness and promotion of alternative healthier lifestyles (i.e. traditional values, individual and family wellness values, etc.);
 - 4) strengthen links between community-based programs and residential treatment; and
 - 5) provide support to individuals and families of individuals in post treatment.

Activities

3. In order to carry out the Objectives, the Recipient shall:

Prevention

- 1) provide culturally appropriate programs to educate and promote addictions awareness and addiction-free lifestyles;

Early Identification and Intervention

- 2) provide appropriate assessment of clients and referral of clients to treatment and prepare clients for entry into residential treatment or other rehabilitation/treatment programs;
- 3) provide short-term counselling in crisis situations;
- 4) provide out-patient counselling services;

Aftercare

- 5) provide aftercare to clients returning from treatment and maintain a link with the relevant treatment centres concerning client care and progress; and

- 6) provide skills in effective prevention/intervention strategies that address the challenges of addictions among youth.

Substance Abuse Prevention and Treatment – National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centres

Terms and Conditions, Objectives and Activities

Definitions

“National and/or Regional First Nations and Inuit Addictions Program Network” means a network which includes all National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) treatment centres, where applicable.

“Operational Policy and Procedures Manual” means a document developed by the Recipient that outlines the rules and procedures for the operation of a treatment centre for alcohol, drug or other substance abuse.

“Evidence-Based” means the conscientious, explicit and judicious use of current best available evidence or recognized best practices in making decisions about the care of individuals and families.

“Strengths Approach” means a specific method of working with and resolving problems experienced by the presenting person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person’s resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems.

“Occupancy Rates” means a collection of rates calculated by a centre including bed utilization rate, service utilization rate, and rate for clients previously attending treatment.

“Bed Occupancy Rate/Bed Utilization Rate” means the annual percentage of beds being used during any days that treatment services are being delivered to clients.

“Non-operational Day” means a day that treatment services are not provided to clients.

“Service Utilization Rate” means bed occupancy rate/bed utilization rate in addition to the outreach undertaken by a centre.

“Operational Day” means a day that treatment services are provided to clients admitted.

“National Native Alcohol and Drug Abuse Program/National Youth Solvent Abuse Program (NNADAP/NYSAP) Treatment Centre Reporting Requirements Reference Tool” means a tool that includes descriptions and formulas to calculate rates and percentages for a Recipient’s reporting requirements.

“National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre Annual Report Template” means a template that has been incorporated into the Addictions Management Information System so a Recipient can generate an automated report of specified reported requirements.

“Drug Use Screening Inventory Revised version (DUSI-R) tool” means the intake screening/assessment tool used in the Addictions Management Information System to measure treatment effects at both the individual and program level.

Provider Qualification

1. Where the Recipient engages the services of:
 - 1) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Operational Policy and Procedures Manual

2.
 - 1) The activities undertaken by the Recipient in accordance with this Program Plan shall be governed by the provisions set out in the Recipient's Operational Policy and Procedures Manual.
 - 2) The Recipient shall provide to Canada a copy of its Operational Policy and Procedures Manual for approval and shall notify Canada in writing, within a three month period, of any subsequent modifications.

Objectives

3. In order to implement the NNADAP treatment services under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (Activities) in this Program Plan to achieve the following objectives:
 - 1) provide evidence-based, strengths approach treatment to support First Nations and Inuit communities in offsetting and reducing the abuse of alcohol and other substances among First Nations and Inuit;
 - 2) provide culturally sensitive treatment to First Nations and Inuit;
 - 3) provide equitable access to treatment for First Nations and Inuit from across Canada;
 - 4) strengthen the links between the residential treatment and the community-based prevention component of NNADAP, and other health services to ensure that client needs are met before, during and after treatment; and
 - 5) make appropriate and regular investments in evidence-based or certified training for treatment staff in direct addiction treatment counselling roles with clients.

Activities

4. In order to carry out the Objectives, the Recipient shall:
 - 1) provide individual and group counselling and family therapy (where applicable) in a manner sensitive to the clients' unique cultural heritage;
 - 2) provide assistance to community-based NNADAP workers in:
 - a) the client assessment process; and
 - b) the provision of follow-up support services to clients upon completion of treatment;
 - 3) liaise with the appropriate community-based NNADAP workers concerning individual client care and progress;
 - 4) participate in the activities of a National and/or Regional First Nations and Inuit Addictions Program Network; and
 - 5) subject to bed availability, provide equitable access to treatment services for First Nations and Inuit from other parts of Canada.

Bed Utilization Rates and Non-operational Days

5.

- 1) The minimum required treatment Bed Occupancy Rate/Bed Utilization Rate over a twelve month period, commencing April 1st and terminating on March 31st for each Fiscal Year, is 80% for all approved NNADAP treatment beds.
- 2) Should a Recipient not be able to meet the annual Bed Occupancy Rate/Bed Utilization Rate (80%), the Regional Office of the Department of Indigenous Services Canada and the Recipient will develop a plan that will be approved by both parties in order to remedy the situation.
- 3) Recipient is entitled to 35 Non-operational Days per year.
- 4) Should a Recipient be non-operational more than 35 days, the Regional Office of the Department of Indigenous Services Canada and the Recipient will develop a plan that will be approved by both parties in order to remedy the situation.
- 5) Non-operational Days are not absolute. Bed Utilization rates that exceed 100% can be credited to allow for additional non-operational Days.

Accreditation

6.

- 1) If the Recipient has not already done so, it is recommended that the Recipient will engage in accreditation through an approved accrediting body. In cases where the Recipient is part of the Community Health Organization (CHO) accreditation process, the Recipient may enter the process as part of the broader CHO, but will be responsible for completing the First Nations and Inuit treatment centre accreditation service standards with an approved accrediting body.
- 2) In the event the Recipient becomes engaged or is currently engaged in the accreditation process with an approved accrediting body, the Minister shall include resources in this Arrangement for:
 - a) the achievement of accreditation; and
 - b) assistance in the continued practice of meeting accreditation standards.
- 3) Should the accreditation status of the centre change, for whatever reason, the Recipient shall notify the Regional Office of the Department of Indigenous Services Canada as soon as possible.

Licensing of Treatment Centres

7.

- 1) The Recipient shall meet any provincial licensing requirements as mandated by the province in which it delivers the program funded under this Arrangement.

Substance Abuse Prevention and Treatment – National Youth Solvent Abuse Program (NYSAP) Treatment Centres

Terms and Conditions, Objectives and Activities

Definitions

“National and/or Regional First Nations and Inuit Addictions Program Network” means a network which includes all National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) treatment centres, where applicable.

“Operational Policy and Procedures Manual” means a document developed by the Recipient that outlines the rules and procedures for the operation of a treatment centre for alcohol, drug or other substance abuse.

“Evidence-Based” means the conscientious, explicit and judicious use of current best available evidence or recognized best practices in making decisions about the care of individuals and families.

“Strengths Approach” means a specific method of working with and resolving problems experienced by the presenting person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person’s resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems.

“Occupancy Rates” means a collection of rates calculated by a centre including bed utilization rate, service utilization rate, and rate for clients previously attending treatment.

“Bed Occupancy Rate/Bed Utilization Rate” means the annual percentage of beds being used during any days that treatment services are being delivered to clients.

“Non-operational Day” means a day that treatment services are not provided to clients admitted.

“Service Utilization Rate” means bed occupancy rate/bed utilization rate in addition to the outreach undertaken by a centre.

“Operational Day” means a day that treatment services are provided to clients.

“National Native Alcohol and Drug Abuse Program/National Youth Solvent Abuse Program (NNADAP/NYSAP) Treatment Centre Reporting Requirements Reference Tool” means a tool that includes descriptions and formulas to calculate rates and percentages for a Recipient’s reporting requirements.

“National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre Annual Report Template” means a template that has been incorporated into the Addictions Management Information System so a Recipient can generate an automated report of specified reported requirements.

“Drug Use Screening Inventory Revised version (DUSI-R) tool” means the intake screening/assessment tool used in the Addictions Management Information System to measure treatment effects at both the individual and program level.

Provider Qualification

1. Where the Recipient engages the services of:

- 1) a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided.

Operational Policy and Procedures Manual

2.
 - 1) The activities undertaken by the Recipient in accordance with section 4 (activities) of this Program Plan shall be governed by the provisions set out in the Recipient's Operational Policy and Procedures Manual and the National Youth Solvent Abuse Committee Reference Manual and Best Practices Guidelines.
 - 2) The Recipient shall provide to Canada a copy of its Operational Policy and Procedures Manual for approval and shall notify Canada in writing, within a three month period, of any subsequent modifications.

Objectives

3. In order to implement NYSAP treatment services under the terms and conditions of this Arrangement, the Recipient shall carry out the activities in this Program Plan and shall:
 - 1) provide evidence-based, strengths approach pre-treatment, in-patient treatment and post-treatment services to First Nations and Inuit youth who are experiencing solvent abuse problems;
 - 2) provide culturally sensitive treatment to First Nations and Inuit youth;
 - 3) provide equitable access to treatment for First Nations and Inuit youth from across Canada; and
 - 4) strengthen the links between the centre and the client's home community and other health services to ensure that client needs are met before, during and after treatment.

Activities

4. In order to carry out the objectives, the Recipient shall, at a minimum:
 - 1) provide individual, group and, in some cases, family counselling in a manner sensitive to the client's unique cultural heritage;
 - 2) provide intervention services for clients to work with parents and the community to deal with social problems related to addictions;
 - 3) liaise with the appropriate community-based addictions workers concerning individual client care and progress;
 - 4) provide assistance to community-based addictions workers in:
 - a) the client assessment process; and
 - b) the provision of follow-up support services to clients upon completion of treatment;
 - 5) conduct awareness activities on solvent abuse and available treatment services for the benefit of community members;
 - 6) participate in the activities of a National and/or Regional First Nations and Inuit Addictions Program Network; and
 - 7) subject to bed availability, accept First Nations and Inuit youth from other parts of Canada for NYSAP treatment. The Recipient shall provide for its capital needs and associated operating costs from funding provided in this Arrangement.

Bed Utilization Rates and Non-operational Days

5. The Recipient shall follow program incentives as stated in the protocols set out in the National Youth Solvent Abuse Committee Reference Manual and Best Practices Guidelines.
 - 1) The minimum required treatment Bed Occupancy Rate/Bed Utilization Rate over a twelve month period, commencing April 1st and terminating on March 31st for each Fiscal Year, is 80% for all approved youth solvent abuse treatment beds.
 - 2) Should a Recipient not be able to meet the annual Bed Occupancy Rate/Bed Utilization Rate (80%), the Regional Office of the Department of Indigenous Services Canada and the Recipient will develop a plan that will be approved by both parties in order to remedy the situation.
 - 3) Recipients are entitled to 35 Non-operational Days per year.
 - 4) Should a Recipient be non-operational more than 35 days, the Regional Office of the Department of Indigenous Services Canada and the Recipient will develop a plan that will be approved by both parties in order to remedy the situation.
 - 5) Non-operational Days are not absolute. Bed Utilization rates that exceed 100% can be credited to allow for additional Non-operational Days.

Accreditation

6. The Recipient will engage in accreditation through the accreditation program of an accrediting body. In cases where the Recipient is part of the Community Health Organization (CHO) accreditation process, the Recipient may enter the process as part of the broader CHO, but will be responsible for completing the First Nations and Inuit treatment centre accreditation service standards with an accreditation body.
7. Should the accreditation status of the centre change, for whatever reason, the Recipient shall notify the Regional Office of the Department of Indigenous Services Canada as soon as possible.

Licensing of Treatment Centres

8. The Recipient shall meet any provincial licensing requirements as mandated by the province in which it delivers the program funded under this Arrangement.

National and/or Regional First Nations and Inuit Addictions Program Network

9. Resources are included in this Arrangement for the Recipient's participation in a National and/or Regional First Nations and Inuit Addictions Program Network.

Indian Residential School (IRS) Resolution Health Support Program (RHSP) – Resolution Health Support Worker

Terms and Conditions, Objectives and Activities

“**CEP**” has the meaning as set out in the Settlement Agreement and refers to a Common Experience Payment (CEP) to be made to Former IRS Students that recognizes the experience of residing at an IRS and its impacts.

“**IAP**” or “**Independent Assessment Process**” has the meaning set out in the Settlement Agreement and refers to a process whereby Former IRS Students may pursue a continuing claim for sexual or serious physical abuse before an independent adjudicator.

“**IRS**” or “**Indian Residential School**” has the meaning as set out in the Settlement Agreement.

“**Family**” means the family of a former IRS student and includes a spouse/partner, those raised by or raised in the household of a former IRS student, and any relation of a former IRS student who has experienced effects of intergenerational trauma associated with a family member’s time at an Indian Residential School.

“**Former IRS Student**” means a person who formerly attended an Indian Residential School and: (i) is eligible to receive a Common Experience Payment (CEP); or (ii) is resolving an IRS claim through the IAP or is eligible to receive compensation under the IAP, a dispute resolution process or the courts; or (iii) participates in IRS Truth and Reconciliation Commission and/or Commemoration events.

“**RHSW**” means Resolution Health Support Workers, hired or contracted by the Recipient.

“**Settlement Agreement**” means the Indian Residential School Settlement Arrangement dated May 8, 2006. The Settlement Agreement establishes, among other things, that a CEP be paid to all eligible Former IRS Students who resided at an Indian Residential School, the IAP, as well as measures to support healing, commemorative events, and the establishment of a Truth and Reconciliation Commission.

Goals

1. The goal of the Indian Residential School (IRS) Resolution Health Support Program is to:
 - 1) ensure that eligible Former IRS Students, and their family member(s) have access to an appropriate level of mental wellness support services; and
 - 2) ensure that eligible Former IRS Students can safely address a broad spectrum of mental wellness issues related to the disclosure of childhood abuse(s).

Provider Qualifications

2. Where the Recipient engages the services of a Resolution Health Support Worker (RHSW) for the purpose of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the RHSW(s):
 - 1) has/have experience working with Aboriginal mental health and wellness issues;
 - 2) has/have the capacity and flexibility to meet the emotional health support needs of potentially large numbers of Former IRS Students in a variety of locations over wide geographic areas;
 - 3) provide(s) information as required to the Recipient to meet the reporting requirements; and
 - 4) has/have security clearances which are appropriate for the services which are being provided.

Objectives

3. In order to implement the IRS Resolution Health Support Program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide RHSW services to Former IRS Students and their family member(s);
 - 2) work in collaboration with various organizations and communities involved in working to assist the emotional well-being of Former IRS Students at the local, regional and provincial/territorial level;
 - 3) support the emotional health and wellness of Former IRS Students and their family member(s); and
 - 4) assess the effectiveness of the RHSW Program.

Activities

4. In order to carry out the Objectives, the Recipient shall:
 - 1) coordinate RHSW emotional support services to Former IRS Students and their family member(s), when and where required, paying particular attention to those individuals in crisis and those attending IAP proceedings, IRS dispute resolution process or IRS court hearings;
 - 2) ensure that RHSWs attend and provide emotional support to Former IRS Students who request such support at IAP proceedings, IRS dispute resolution processes and IRS court hearings over a wide geographic area using the most cost-effective means possible;
 - 3) when possible, ensure that Former IRS Students receive counselling support services by referring them to the appropriate Department of Indigenous Services Canada IRS RHSP Regional Coordinator for a determination of their eligibility for professional counselling services;
 - 4) build relationships with other RHSWs nationally to develop a forum for discussion of best practices and sharing of approaches and experiences;
 - 5) build relationships with all Settlement Agreement stakeholders to raise awareness of available services to Former IRS Students under the IRS Resolution Health Support Program, Indian Residential Schools Resolution Canada and the Adjudication Secretariat;
 - 6) provide access to debriefing opportunities for RHSW(s) to minimize the potential impacts of vicarious trauma associated with the provision of emotional support to Former IRS Students and their family member(s);
 - 7) provide regular training opportunities for RHSW(s) on subjects relevant to the delivery of emotional support services, such as crisis intervention, post-traumatic stress, conflict resolution, vicarious trauma and self-care, and the IRS Settlement Agreement processes; and
 - 8) develop an annual work plan, to be updated as required, to reflect changing regional priorities and the dynamic nature of the time lines of IAP proceedings, IRS dispute resolution process and IRS court hearings .

Expenses

5. The Recipient shall not expend funding provided under this Arrangement to pay for travel outside of Canada by any person without the prior written approval of the Department of Indigenous Services Canada.
6. The Recipient shall not transfer or use funds for any other purpose but for carrying out the terms and conditions of this Arrangement and the provision of emotional support services by its RHSWs.

Indian Residential School (IRS) Resolution Health Support Program (RHSP) – Cultural Support Provider

Terms and Conditions, Objectives and Activities

Definitions

“**CEP**” has the meaning as set out in the Settlement Agreement and refers to a Common Experience Payment (CEP) to be made to Former IRS Students that recognizes the experience of residing at an IRS and its impacts.

“**IAP**” or “**Independent Assessment Process**” has the meaning set out in the Settlement Agreement and refers to a process whereby Former IRS Students may pursue a continuing claim for sexual or serious physical abuse before an independent adjudicator.

“**IRS**” or “**Indian Residential School**” has the meaning as set out in the Settlement Agreement.

“**Family**” means the family of a former IRS student and includes a spouse/partner, those raised by or raised in the household of a former IRS student, and any relation of a former IRS student who has experienced effects of intergenerational trauma associated with a family member’s time at an Indian Residential School.

“**Former IRS Student**” means a person who formerly attended an Indian Residential School and: (i) is eligible to receive a Common Experience Payment (CEP); or (ii) is resolving an IRS claim through the IAP or is eligible to receive compensation under the IAP, a dispute resolution process or the courts; or (iii) participates in IRS Truth and Reconciliation Commission and/or Commemoration events.

“**Settlement Agreement**” means the Indian Residential School Settlement Agreement dated May 8, 2006. The Settlement Agreement establishes, among other things, that a CEP be paid to all eligible Former IRS Students who resided at an Indian Residential School, the IAP, as well as measures to support healing, commemorative events, and the establishment of a Truth and Reconciliation Commission.

Goals

1. The goal of the Indian Residential Schools (IRS) Resolution Health Support Program is to:
 - 1) ensure that eligible Former IRS Students, and their family member(s) have access to an appropriate level of mental wellness support services; and
 - 2) ensure that eligible Former IRS Students can safely address a broad spectrum of mental wellness issues related to the disclosure of childhood abuse(s).

Provider Qualifications

2. Where the Recipient engages the services of a Cultural Support Provider for the purpose of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the Cultural Support Provider(s):
 - 1) has/have experience working with Aboriginal mental health and wellness issues;
 - 2) has/have the capacity and flexibility to meet the needs of potentially large numbers of Former IRS Students in a variety of locations over wide geographic areas;
 - 3) provide(s) information as required to the Recipient to meet the reporting requirements; and
 - 4) has/have security clearances which are appropriate for the services which are being provided.

Objectives

3. In order to implement the IRS Resolution Health Support Program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide cultural support services to Former IRS Students and their family member(s); and
 - 2) support the cultural needs of Former IRS Students and their family member(s).

Activities

4. In order to carry out the Objectives, the Recipient shall:
 - 1) coordinate cultural support services such as dialogue, ceremonies, prayers, and traditional healing, to Former IRS Students and their family member(s), when and where required, paying particular attention to those individuals in crisis;
 - 2) when possible, attend and provide cultural support to Former IRS Students who request such support at IAP proceedings, IRS dispute resolution processes, and/or IRS court hearings using the most cost-effective means possible;
 - 3) ensure that Former IRS Students receive health support services as requested by referring them to the appropriate the Department of Indigenous Services Canada IRS RHSP Regional Coordinator for a determination of eligibility;
 - 4) build relationships with other Cultural Support Provider(s) nationally to develop a forum for discussion of best practices and sharing of approaches and experiences;
 - 5) provide access to debriefing opportunities for Cultural Support Provider(s) to minimize the potential impacts of vicarious trauma associated with the provision of support to Former IRS Students and their family member(s); and
 - 6) provide regular training opportunities for Cultural Support Provider(s) on subjects relevant to the delivery of cultural support services, such as crisis intervention, post-traumatic stress, conflict resolution, vicarious trauma and self care, and the IRS Settlement Agreement processes.

Expenses

5. The Recipient shall not expend funding provided under the Arrangement to pay for travel outside of Canada by any person without the prior written approval of the Department of Indigenous Services Canada.
6. The Recipient shall not transfer or use funds for any other purpose but for carrying out the terms and conditions of the Arrangement and the provision of cultural support services.

HEALTHY LIVING

Chronic Disease Prevention and Management – Aboriginal Diabetes Initiative **Terms and Conditions, Objectives and Activities**

Goal

1. The overall goal of the Aboriginal Diabetes Initiative (ADI) is to improve the health status of First Nations and Inuit individuals, families and communities through actions aimed at reducing prevalence and incidence of diabetes and its risk factors.

Provider Qualification

2. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of these terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

3. In order to implement the ADI program for First Nations and Inuit under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (activities) of this Program Plan to achieve the following objectives:
 - 1) increase awareness of diabetes, diabetes risk factors and complications as well as ways to prevent diabetes and diabetes complications in First Nations and Inuit communities;
 - 2) support activities targeted at healthy eating and food security;
 - 3) increase physical activity as a healthy living practice;
 - 4) increase the early detection and screening for complications of diabetes in First Nations and Inuit communities;
 - 5) increase capacity to prevent and manage diabetes;
 - 6) increase knowledge development and information-sharing to inform community-led evidence-based activities;
 - 7) increase supportive environments for healthy living;
 - 8) support the implementation of healthy guidelines and policies in key settings (e.g. schools, early childhood development centres, recreation centres, long term care facilities, workplaces and local food premises); and
 - 9) develop partnerships and linkages to maximize community healthy planning and the reach and impact of health promotion and primary prevention activities.

Activities

4. In order to carry out the Objectives, the Recipient shall undertake activities as specified in the work plan submitted.

A Community Health Promotion and Injury/Illness Prevention

Terms and Condition, Objectives and Activities

Goal

1. The goal of all Community Health Promotion and Injury/Illness Prevention activities are to promote healthy life choices using a community development and population health framework.

Provider Qualification

2. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided and that, in the case of Community Health Nurses, they have the appropriate community health preparation to meet the competencies required to fulfil their role in the specific practice setting.

Objectives

3. In order to implement the Community Health Promotion and Injury/Illness Prevention (CHPI/IP) program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Program Plan to achieve the following objectives:
 - 1) offer a broad range of community-based activities that enhance health and well-being of the Recipient's residents; and
 - 2) focus on health promotion and injury/illness prevention and include such programs as maternal and infant health, child health, school health, adolescent health, adult health, and elder health.

Activities

4. In order to carry out the Objectives, the Recipient shall:
 - 1) ensure that the services in community health promotion include:
 - a) Maternal-Infant Health: which may include prenatal clinics, prenatal classes, postnatal visits, postnatal classes, family planning, and breast feeding;
 - b) Child Health: which may include child health clinics, injury prevention education, developmental assessments, daycare education, nutrition guidance, and parenting classes;
 - c) School Health: which may include vision, hearing and growth screening activities, educational sessions, and health resource to teachers;
 - d) Adolescent Health: which may include educational sessions on sexual health, and prevention programs on alcohol, drugs or tobacco;
 - e) Adult Health: which may include screening and prevention of diseases such as cancer, diabetes, hypertension, and health education in life choice activities; and
 - f) Elder Health: which may include screening for safety hazards and prevention of injuries, wellness screening, and promotion of social opportunities.

Nutrition North Canada – Nutrition Education Initiative

Terms and Conditions, Objectives and Activities

Goal

1. The overall goal of the Nutrition North Canada (NNC) - Nutrition Education Initiative is to complement existing programs with a nutrition focus, by supporting retail and community-based nutrition education initiatives to encourage healthy eating habits in eligible isolated northern First Nations and Inuit communities.

Provider Qualifications

2. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

3. In order to implement the NNC - Nutrition Education Initiative under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Program Plan to achieve the following objectives:
 - 1) increase individual and community-level awareness around the benefits of healthy eating;
 - 2) increase skills around the selection and preparation of healthy foods;
 - 3) increase retail-community partnerships to support healthy food choices; and
 - 4) support the sharing of traditional knowledge and skills around the harvesting, preparation and consumption of traditional or country foods.

Activities

4. In order to carry out the Objectives, the Recipient shall undertake activities which fall within the following two (2) program elements:
 - 1) Community implementation, which is intended to support activities that are directed towards: "planning and outreach" and "retail and community-based activities". The Recipient will be able to undertake activities that will support:
 - a) assessment and consideration of local strengths and needs in planning and preparing for the initiation and ongoing delivery of the program;
 - b) engagement and outreach with community members, potential partners and retailers to inform planning and delivery of the program; and
 - c) knowledge and skill development related to the selection and preparation of healthy store-bought and traditional or country foods.
 - 2) Capacity building, which will support activities to enhance community workers to deliver effective retail and community-based nutrition education.

First Nations and Inuit Component of the Federal Tobacco Control Strategy

Terms and Conditions, Objectives and Activities

Goal

1. The First Nations and Inuit Component of the Federal Tobacco Control Strategy (FTCS) aims to promote information and knowledge sharing. It supports the development and implementation of comprehensive tobacco control projects that are holistic, and socially and culturally appropriate. It also strives to reduce non-traditional tobacco use, while maintaining respect and recognition for traditional forms and uses of tobacco within communities.

Provider Qualification

2. Where the Recipient engages the services of a professional health care provider for the purpose of fulfilling any of these terms and conditions of this Program Plan, the Recipient shall ensure that if the provider is a professional (e.g. Teacher, Social Worker, Registered Nurse and other regulated health provider), the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services/care is to be provided.

Objectives

3. In order to implement the FTCS for First Nations and Inuit under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (Activities) of this program Plan to achieve the following objectives:
 - 1) increase actions on tobacco protection measures;
 - 2) increase actions to reduce access to and availability of tobacco products within communities;
 - 3) promote innovative approaches to prevent tobacco misuse at the group or population level that engage and target community members in relevant settings and environments;
 - 4) increase education and skill development activities directed to community members and training for community workers on health promotion and tobacco-related topics;
 - 5) provide tools, programs, training and activities to support community-members to quit smoking or quit other forms of tobacco misuse; and
 - 6) increase the use of tools and strategies to collect, analyze and report on data and share best/promising practices.

Activities

4. In order to carry out the Objectives, the Recipient shall undertake activities as specified in the work plan submitted.

Public Health Protection
COMMUNICABLE DISEASE CONTROL AND MANAGEMENT

Communicable Disease Control

Terms and Conditions, Objectives and Activities

Goal

1. The goal of the Communicable Disease Control (CDC) program is to prevent the occurrence and spread of communicable diseases. CDC is comprised of four mandatory programs with associated mandatory reporting: Vaccine Preventable Diseases (VPD) and Immunization, Sexually Transmitted Blood Borne Infections, Tuberculosis and Communicable Disease Emergencies.

Provider Qualification

2. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided and that, in the case of Community Health Nurses, they are registered nurses and have the appropriate community health preparation to meet the competencies required to fulfill their role in the specific practice setting.

Objectives

3. In order to implement the CDC program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 4 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide immunization against vaccine-preventable diseases;
 - 2) Provide communicable disease prevention/protection;
 - 3) maintain (electronic) and other records of and monitor communicable disease cases reported by health care providers, hospitals, and other health care agencies;
 - 4) collect and report on annual routine immunization coverage rates according to provincial/territorial routine immunization schedules;
 - 5) provide interventions, including counselling, treatment, therapy, referral, follow-up, inspection, infection prevention and control and outbreak management in relation to communicable diseases;
 - 6) provide advice and support for communicable disease emergencies preparedness and planning efforts;
 - 7) provide infectious disease screening and follow-up services where appropriate;
 - 8) provide professional consultation and continuing education to physicians, nurse practitioners, community health nurses and other community-based workers; and
 - 9) encourage and enable research that will contribute to the reduction of communicable diseases among First Nations and Inuit communities in Canada.

Activities

4. In order to carry out the Objectives, the Recipient shall:
 - 1) have a documented work plan to describe the delivery of the CDC program which is available at all times. The plan must describe the ongoing method of delivering:
 - a) immunizations;
 - b) outbreak management; including infection prevention and control;
 - c) surveillance; and
 - d) education and awareness.
 - 2) provide immunization to infants, children & adults (or clients) of the Recipient's community, according to provincial/territorial routine immunization schedules, and FNIHB policies/guidelines where appropriate;
 - 3) conduct investigation of contacts of infectious cases of disease according to FNIHB/provincial/territorial guidelines in order to prevent and control the spread of the disease;
 - 4) work with primary care provider, as appropriate, and encourage the implementation of necessary laboratory investigations and control measures;
 - 5) Securely keep records of all communicable disease control activities, including mandatory reporting forms, client records, immunization coverage rates and detailed documentation of how cases and outbreaks of disease are managed;
 - 6) securely maintain health outcomes records and conduct initial analysis of health data, conduct regular tracking (surveillance) of the incidence of disease in the Recipient's community to assist in the early identification of potential outbreaks and emerging trends;
 - 7) provide educational information on communicable disease control and immunization to clients, community leaders and other community health workers and support the development of community-based education and awareness materials;
 - 8) provide and support education and training to nursing personnel and other health care professionals to maintain knowledge and competence in communicable disease control and management, including infection prevention and control;
 - 9) support the implementation and maintenance of vaccine cold chain management processes;
 - 10) liaise with appropriate provincial/territorial/regional public health authorities; and
 - 11) conduct community-based research projects to increase uptake of routine immunizations and reduce the incidence of communicable disease.

Sexually Transmitted and Blood Borne Infections Program Including HIV/AIDS and Hepatitis C

Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Sexually Transmitted and Blood Borne Infections (STBBIs) program, which includes HIV/AIDS and hepatitis C under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (activities) of this Program Plan to achieve the following objectives:

CHOOSE AS APPLICABLE:

- 1) develop initiatives to control and prevent the spread of STBBIs which includes HIV/AIDS and hepatitis C infection in the Recipient's community/organization on-reserve population;
AND/OR
- 2) reduce the health, social and economic impacts of STBBIs which includes HIV/AIDS and hepatitis C in the Recipient's on-reserve population;
AND/OR
- 3) encourage and support the active involvement of the Recipient's on-reserve community in community-based STBBI programming which includes HIV/AIDS and hepatitis C;
AND/OR
- 4) identify options/strategies for the provision of on-reserve, testing, treatment, care and support programs that will facilitate the Recipient's community with STBBIs which includes HIV/AIDS and hepatitis C remaining in or returning to their home community;
AND/OR
- 5) provide timely and comprehensive education and prevention programs;
AND/OR
- 6) increase the knowledge base of the epidemiology of STBBIs which includes HIV/AIDS and hepatitis C in First Nations and Inuit communities;
AND/OR
- 7) ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within the Recipient's community/organization;
AND/OR
- 8) develop a coordinated approach associated with STBBI programming for the residents of the Recipient's community/organization.

Activities

2. In order to carry out the Objectives, the Recipient shall:

CHOOSE AS APPLICABLE:

Prevention

- 1) facilitate the development of prevention activities at the community or regional or national levels (choose applicable) for the residents of the Recipient's community/organization infected with or affected by STBBIs including HIV/AIDS and hepatitis C;

AND/OR

Community Development

- 2) develop the capacity within to address STBBIs including HIV/AIDS and hepatitis C by providing awareness programs and relevant training opportunities;

AND/OR

Care, Treatment and Support

- 3) provide appropriate care, treatment and support for the residents of the Recipient's community/organization infected with or affected by STBBIs including HIV/AIDS and hepatitis C.

Respiratory Infections – Tuberculosis Program

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a physician or registered nurse who is a member in good standing of the college and/or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided. The Tuberculosis (TB) medical consultant should have expertise in TB case management, infectious diseases and/or pulmonary medicine. The medical officer or communicable disease officer should have the appropriate epidemiological background to carry out surveillance and disease control functions.

Objectives

Objective 2(1) is MANDATORY for all Tuberculosis Projects. Objectives 2(2)-2(6) are MANDATORY for Multi-band health authorities delivering the entire TB program. For community-based Tuberculosis projects, objectives 2(2)-2(6) maybe be chosen as applicable. Delete those which are not applicable.

2. In order to implement the Tuberculosis (TB) Program for First Nations and Inuit program under the terms of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:
 - 1) work towards the reduction of tuberculosis in the Recipient's community in keeping with the national goal of ending TB as an epidemic by 2030;
 - 2) find and provide treatment to those with active disease to prevent the emergence of drug resistance and achieve life-time control of the patient's TB;
 - 3) detect TB among those exposed to active disease and prevent the spread of disease to other people in the community;
 - 4) provide the information needed to evaluate TB program interventions and develop policies;
 - 5) enable health workers and communities to prevent and control TB at the community level, by increasing awareness for a better understanding of the disease; and
 - 6) encourage and enable research that will contribute to the goal of TB reduction among First Nations and Inuit communities in Canada.

Activities

Activities 3(1)-3.(6) are MANDATORY for Multi-band health authorities delivering the entire TB program. For community-based Tuberculosis projects, objectives 3.(1)-3.(6) maybe be chosen as applicable. Delete those which are not applicable.

3. In order to carry out the Objectives, the Recipient shall:
 - 1) identify active TB cases in the Recipient's community in an organized and systematic manner and treat them through the use of directly observed therapy (DOT) to ensure compliance with treatment regimens;
 - 2) screen all persons identified as contacts of an active TB patient for the presence of active or latent disease and treat accordingly;
 - 3) ensure all medication to treat TB is properly delivered to patients receiving treatment for active or latent disease in the Recipient's community;

- 4) screen people in the Recipient's community using an appropriate screening method (e.g. tuberculin skin testing, review of medical records), to identify people at high risk for tuberculosis, and implement appropriate follow up and preventive actions;
- 5) collect, analyze and disseminate TB information related to incidence of active disease and latent tuberculosis infection(LTBI), outbreak management and treatment;
- 6) provide education and training to individuals such as health professionals, patients and community members to help control and prevent TB in the Recipient's community and to recognize the impact of nutrition and overcrowding housing on the incidence of TB;
- 7) conduct community-based research projects selected for their relevance to the prevention and control of TB in the Recipient's community;
- 8) provide another service relevant to the prevention and control of tuberculosis in the Recipient's community as specified by the manager; and
- 9) liaise with appropriate provincial/territorial/regional public health authorities.

Communicable Disease Emergencies Initiative

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.

Objectives

2. In order to implement the Communicable Disease Emergencies (CDE) Initiative under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) ensure the establishment of a CDE planning committee to facilitate the development, testing and ongoing revision of the community-level CDE plans (broadened from pandemic influenza plans);
- 2) prepare and plan for CDE by facilitating the development, testing and revision of community-level CDE plans as needed;
- 3) facilitate communities' response to a CDE (e.g., support mass immunization clinics, provide training, guidance documents, etc.);
- 4) ensure health facilities have access to personal protective equipment (e.g., masks, gloves, gowns) during a CDE; and
- 5) ensure community and leadership engagement in the implementation of the community-level CDE plan as warranted.

Activities

3. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) form a community CDE planning committee;
- 2) via the CDE committee, develop, update or strengthen Recipient's community CDE plan on an annual basis;
- 3) test Recipient's community-level CDE plan or major components of the CDE plan (every two years), and update and revise plan based on the results of the test;
- 4) develop linkages between the Recipient's community leadership and local/regional/provincial health authority to ensure comprehensive and coordinated CDE activities;
- 5) integrate the Recipient's community-level CDE plan into the community's Emergency Management/All-hazards Emergency Plan (for example: preparation for floods, fires, severe storms);
- 6) disseminate materials, including but not exclusive to guidance documents, fact sheets, brochures and posters to the Recipient's community members in order to address public awareness and education of CDEs;
- 7) implement personal protective equipment policies and procedures in response to a CDE; and

- 8) provide comprehensive education and training for facility staff (especially health care workers, allied health and cleaning personnel) on infection prevention and control, including personal protective equipment;
- 9) implement the Recipient's community-level CDE plan when the situation warrants, and assess the CDE response.

ENVIRONMENTAL HEALTH

Environmental Health Public Health Program

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of an Environmental Health Officer (EHO) for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the EHO holds a Certificate in Public Health Inspection (Canada) issued by the Canadian Institute of Public Health Inspectors or the acceptable authorized equivalent, and is entitled to practice his or her profession in accordance with the professional governing body (Board of Certification of Public Health Inspectors of the Canadian Institute of Public Health Inspectors) and laws of the province/territory where the services are to be provided.

Objectives

2. In order to implement the Environmental Public Health Program (EPHP) under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objective:
 - 1) identify environmental public health risks that could impact the health of First Nations community residents and recommend corrective action to reduce these risks.

Activities

3. In order to carry out the Objective, the Recipient shall undertake the following activities:
 - 1) environmental public health activities in the following eight core program areas, as per the National Framework for Environmental Public Health Programming in First Nations Communities South of 60 degrees and/or as per its approved work plan which reflects core program areas as defined in the National Framework:
 - a) Drinking Water;
 - b) Wastewater;
 - c) Housing;
 - d) Food Safety;
 - e) Facilities Inspections;
 - f) Solid Waste Disposal;
 - g) Environmental Communicable Disease Control; and
 - h) Emergency Preparedness and Response.

Program Requirements

4. The Recipient shall enter Environmental Public Health programming (including inspections, assessments, training, sampling, professional development and public education activities) in the Environmental Health Information System (EHIS).

Environmental Public Health - Drinking Water Program

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient participates in a community-based drinking water quality monitoring program for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall designate an individual(s) responsible for drinking water quality monitoring in the community, herein referred to as a Community-Based Drinking Water Quality Monitor (CBWM).

The Recipient shall ensure that the Community-Based Drinking Water Quality Monitor (CBWM) is trained by an Environmental Health Officer (EHO) who holds a Certificate in Public Health Inspection (Canada) (CPHI(C)) issued by the Board of Certification, Canadian Institute of Public Health Inspectors (CIPHI). The role of the CBWM is to conduct monitoring of microbiological drinking water quality and other associated activities (as detailed in Section 3). These activities are in addition to the operational monitoring conducted by a water treatment plant operator.

Objectives

2. In order to implement the Drinking Water Program (DWP) under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:

Community-Based Drinking Water Quality Monitoring

- 1) sample and test drinking water supplies for E. coli, total coliforms, and chlorine residuals in distribution systems greater than five (5) connections, cisterns and community wells, as per the Procedure Manual for Safe Drinking Water in First Nations Communities South of 60 degrees and the Guidelines for Canadian Drinking Water Quality in the Recipient's community/organization;
- 2) perform quality control procedure in the Recipient's community/organization;
- 3) reduce the possibility of waterborne disease outbreaks by increasing and improving the monitoring of and reporting on community drinking water supplies in the Recipient's community/organization; and
- 4) build awareness of First Nations through community-based drinking water quality monitoring programs.

AND/OR

Drinking Water: Special Projects

- 5) list objectives.

Activities

3. In order to carry out the Objectives, the Recipient shall: Community-Based Drinking Water Quality Monitor
 - 1) sample and test drinking water in distribution systems greater than five (5) connections for E. coli, total coliforms, and chlorine residuals once per week, with a minimum of two samples from different locations in the distribution system. Distribution systems greater than five (5) connections, cisterns and community wells must be sampled as per the Procedure Manual for Safe Drinking Water in First Nations Communities South of 60° and the latest edition

- of the Guidelines for Canadian Drinking Water Quality in the Recipient's community/organization;
- 2) record all results of bacteriological and chlorine residual testing results on water quality data sheets and send results to the EHO for interpretation and recommendations for further action, if necessary. At minimum, results are to be provided to the EHO monthly, or more often as identified by the EHO. In cases where the EHO is employed by the Recipient, the results are also to be provided to the Department of Indigenous Services Canada;
 - 3) input all water quality testing results into the designated database after results are determined, where access to a drinking water database is available;
 - 4) perform quality control procedure once a month as trained by the EHO;
 - 5) notify the EHO for interpretation of results and further action immediately upon determining that E. coli and (or) total coliforms exceed health limits, Maximum Acceptable Concentration (MACs), set by the latest Guidelines for Canadian Drinking Water Quality or when unusual fluctuations in chlorine residuals are noted (e.g. residuals drop below recommended minimum) and follow any actions as required by the EHO, including but not limited to, increased monitoring and public notifications;
 - 6) ensure that the CBWM has a designated back-up/alternate who is available and trained (by an EHO) to sample and test drinking water in the absence of the CBWM;
 - 7) participate in the development and implementation of community emergency response plans pertaining to the water and wastewater systems;

Drinking Water : Special Projects

AND/OR

- 8) list activities.

Environmental Public Health – Transportation of Dangerous Goods

Terms and Conditions, Objectives and Activities

Provider Qualifications

1. Professional staff must:
 - 1) be licensed and/or registered as required by the specific jurisdiction, particularly in the transportation of biomedical wastes;
 - 2) comply with the Transportation for Dangerous Goods (TDG) Act and Regulations, IATA and ICAO at the federal and provincial levels;
 - 3) have certification in the TDG train-the-trainer, or other equivalent course; and
 - 4) undergo training every three years for involvement in the transportation of dangerous goods by roads and every year for involvement in the transportation of dangerous goods by air.

Objectives

2. In order to implement the Transportation of Dangerous Goods (TDG) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide safe and efficient shipping of hazardous materials from health facilities to First Nation and Inuit communities;
 - 2) reduce the number of emergency situations (i.e. spills) occurring during transportation;
 - 3) ensure proper reporting of environmental emergencies; and
 - 4) protect all Recipient employees who handle dangerous goods during the packaging, shipping, and receiving of the transportation process.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) provide TDG training to First Nations health workers involved in the transportation of dangerous goods;
 - 2) provide information sessions to health facilities staff on the management and safe disposal of biomedical wastes as requested; and
 - 3) provide certification and re-certification of participants of the community TDG training course.

Environmental Public Health – First Nations Environmental Contaminants Terms and Conditions, Objectives and Activities

Objectives

- 1) In order to implement the First Nations Environmental Contaminants (FNEC) program under the terms of this Arrangement, the Recipient shall carry out the activities set out in section 2 (Activities) of this Program Plan to achieve the following objectives:

Community exposure assessments

- 1) assess the extent and avenues of environmental contaminant exposure of First Nations within the Recipient's community/organization;
- 2) aid in the development of environmental health risk assessment models based on independent scientific assessments to help First Nations decision makers; and

AND (OR)

Contaminants projects

- 3) reduce and, if possible, eliminate the contaminants from the traditional harvested foods, all while providing data for the purpose of decision making by the persons and the communities on the subject of their nutrition.

Activities

- 2) In order to carry out the Objectives, the Recipient shall:
 - 1) conduct activities as per the approved proposal.

Primary Care
CLINICAL AND CLIENT CARE

Clinical and Client Care

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a Primary Care Physician and/or Community Health Nurses and/or any other regulated health professional for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing with the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided and that, in the case of Community Health Nurses, they are registered and have the appropriate clinical skills and community health preparation to meet the competencies required for practice in the expanded role.
2. Unregulated health workers who participate as members in the practice teams must also have the required training to work in the clinical care setting. Support personnel should also have the required training to work in this capacity in the clinical care setting. All health care team members must also have the required level of security and training for access to health records and the management of health records.

Objectives

1. In order to implement the Clinical and Client Care (CCC) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide access to emergency and non-urgent health services to community members including those who reside in remote/isolated communities where access to health services is not available through provincial or regional health authorities; and
 - 2) provide access to coordination and consultation services with other appropriate health care providers and/or institutions as indicated by client conditions.

Activities

2. In order to carry out the Objectives, the Recipient shall:
 - 1) ensure emergency care is provided to Recipient Members or to non-Members of the Recipient's community/organization where these services are not otherwise readily available by involving immediate assessment of a seriously injured or ill client to determine the severity of the condition and the type of care needed. It may involve treatment with stabilizing measures and arranging for immediate transport to a tertiary care centre or the provision of observation of the client (where available, this is done in consultation with a physician by telephone or internet);
 - 2) ensure that non-urgent cases are assessed, the problems are identified and a plan and treatment is generated;
 - 3) establish linkages with other services which may include health, social education services available both within and outside of the community, and provide for consultation with other health care providers if needed, depending on the nature of the condition;

- 4) ensure access to medical equipment, supplies and pharmaceuticals to provide clinical and client care;
- 5) develop and maintain a client record and an information system that meets best practices and health record management standards; and
- 6) review and continuously improve the delivery of clinical and client care in a safe and effective manner.

HOME AND COMMUNITY CARE

First Nations and Inuit Home and Community Care – Service Delivery Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college and/or professional association applicable to the provider's profession and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided, and that the providers have the appropriate clinical skills for the assigned tasks.

Objectives

2. In order to implement the First Nations and Inuit Home and Community Care (FNIHCC) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:
 - 1) provide access to a range of home and community care services to First Nations or Inuit community members living in a First Nations or Inuit community;
 - 2) assist First Nations and Inuit living with chronic and/or acute illness in maintaining optimum health, well-being and independence in their homes and communities;
 - 3) ensure that all clients with an assessed need for home care services have access to a comprehensive continuum of services within the community, where possible;
 - 4) assist clients and their families to participate in the development and implementation of the client's care plan to the fullest extent possible and to utilize community support services where available and appropriate in the care of clients; and
 - 5) continue to build the capacity within First Nations and Inuit communities to facilitate the delivery of home care services that enable program monitoring, evaluation, research, and the definition of best practices.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) provide access to quality home and community care services and support to First Nations or Inuit community members residing in First Nations or Inuit communities to meet the community needs identified in the needs assessment that includes the following essential service elements:
 - a) structured client assessment;
 - b) care coordination/case management;
 - c) home care nursing services;
 - d) home support services, personal care services and home management;
 - e) in-home respite care;
 - f) access to medical supplies and equipment;
 - g) a client records system maintained to include initial assessments, periodic reassessments and ongoing care plans and client documents;
 - h) management and support (including professional supervision/consultation); and

- i) linkages established with other health care and social service sectors.
- 2) provide services within a delivery model that supports integration with other community-based health and social services and linkages with other health care sectors as per approved service delivery plan;
- 3) manage and monitor quality, liability and risk issues and ensure program delivery is supported by appropriate standards, policies and procedures;
- 4) build capacity through ongoing training, coaching, and mentoring;
- 5) ensure that the providers of health care services are trained and recognized providers working within the limits of their training and acquired skill set; and
- 6) implement standards and quality improvement measures.

Program Requirements

4. The Recipient shall:
 - 1) submit data on service delivery and human resources annually (or more frequently if desired) using electronic solutions of the recipient's choosing such as the Electronic Service Delivery Reporting Template and the Electronic Human Resources Tracking Template (e-SDRT/e-HRTT), the interRAI (Resident Assessment Instrument) Home Care and Contact Assessment modules, or other electronic solutions either in use by the province or deemed as substitutes to e-SDRT/e-HRTT; and
 - 2) notify the regional office of proposed changes to the approved Service Delivery Plan that will impact the ability of the Recipient to deliver all essential service elements. Significant deviations from the approved Service Delivery Plan, including, but not limited to a different provider agency; changes to the type of caregiver (for a particular essential element); restructuring of staff mix; and/or budget reallocation, will require that a revised Service Delivery Plan be submitted to the regional office for review and prior approval. To ensure essential services are available for clients, the existing approved Service Delivery Plan will remain in effect until a revision has been successfully developed by the Recipient and approved by the Department of Indigenous Services Canada.

JORDAN'S PRINCIPLE

Jordan's Principle – Child-First Initiative Service Coordination Terms and Conditions, Objectives and Activities

Goal

1. To implement the service coordination function in all regions to provide families of First Nations children with a knowledgeable resource to help them navigate existing federal and provincial/territorial health, social, and educational programs and services to address a child's needs.

Objectives

2. In order to support Jordan's Principle – A Child First Initiative under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in section 4 of this Plan to achieve the following objectives:
 - 1) Identify children with unmet needs and assist their families to secure access to needed services and supports;
 - 2) Nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial and territorial programs and services;
 - 3) Ensure children receive quality and culturally appropriate health, social and educational services and supports across all stages and levels of care;
 - 4) Support data collection and analytical activities to better understand the scope of children's needs and nature of service gaps.

Provider Qualifications

3. For any activity(ies) where the Recipient engages the services of:
 - 1) A health, social or educational (if applicable) service provider, for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.
 - 2) A community-based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

Activities

4. In order to carry out the Objectives, the Recipient shall undertake the following activities.

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) Build relationships with community resources and collaborate with existing community-based programs and services.
- 2) Enhance awareness of existing programs and available supports for First Nations living on and off-reserve.
- 3) Work with communities to proactively identify children with unmet needs to facilitate early intervention and timely access to services and supports.
- 4) Build case management capacity through development of policies, procedures and protocols, related to screening and assessment, service planning, monitoring and evaluation of service plans.
- 5) Collaborate with and identify opportunities to build relationships across all aspects of the health and social services systems, including First Nations, federal, provincial and territorial services and programs; service providers, and communities to facilitate access to needed services and supports.
- 6) Facilitate access to professionals for assessments or provide professional assessment services where/when required.
- 7) Undertake follow-up with clients/families and key contacts to ensure the child is receiving and maintaining the services required.
- 8) Identify and work collaboratively with federal, provincial, territorial, regional and community partners to implement promising practices and evidence-based models, service arrangements and supports, where possible.
- 9) Ensure culture is reflected in care where First Nations people are treated with respect, compassion, and cultural understanding, and assist to build cultural competency within the region and broader health and social system.
- 10) Refer cases to regionally-based federal Jordan's Principle focal points where children's needs cannot be met through existing federal, provincial or territorial programs.
- 11) Collect information and support case coordination with Jordan's Principle focal points to ensure seamless transition of cases, when required.

Record Keeping Requirements

5. The Recipient shall maintain the following information on file and make it available upon request for review and audit:
 - 1) Client information (name; date of birth; name of community; place of residence (on reserve or ordinarily resident on reserve); Indian Registration Number (if available); province/territory; contact information.
 - 2) Services/supports provided (by child; date of services; type of service/support).
 - 3) Referrals to regional Jordan's Principle focal point for Service Access Resolution funding (by child).

Jordan's Principle – Child-First Initiative Service Delivery Terms and Conditions, Objectives and Activities

Goal

1. To provide funding to help ensure that First Nations children have access to health, social and educational services and supports to meet their needs.

Objectives

2. In order to support Jordan's Principle: A Child-First Initiative under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in section 4 (Activities) of this Plan to achieve the following objectives:
 - 1) deliver health, social and/or educational services and supports; and
 - 2) support data collection and analytical activities to better understand the scope of children's needs and the nature of service gaps.

Provider Qualifications

3. For any activity(ies) where the Recipient engages the services of:
 - 1) a health care provider for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.
 - 2) a community based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Plan, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

Activities

4. In order to carry out the Objectives, the Recipient shall undertake the following activities:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) Direct Service Delivery
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
- 2) Healthy Child Development, Mental Wellness, and/or Healthy Living Activities
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
- 3) Clinical and Client Care Services/Activities.
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
- 4) Home and Community Care Services Services/Activities
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
- 5) Transportation Services/Activities
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
 - i. The Recipient shall ensure that protocols/guidelines, directives and standards regarding the transportation of children and adults by any type

of motor vehicle are enacted. These protocols/guidelines, directives and standards will respect applicable motor vehicle legislation in the Recipient's respective province or territory, and take into account the concerns of parents, facility administrators and other stakeholders. A copy of the Recipient transportation policy shall be forwarded to the regional office of the Department of Indigenous Services Canada.

- 6) Medical Supplies and Equipment
 - a) These activity(ies) aim to assist children in maintaining optimum health, well-being and independence in their homes and communities through the purchase, maintenance, and/or replacement of necessary medical equipment identified by a physician or health care provider.
 - b) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.
- 7) Capital Investments
 - a) The Recipient shall use the funding provided in the Agreement to undertake the activities in accordance with the Proposal Brief.

Record Keeping Requirements

5. The Recipient shall maintain the following information on file and make it available upon request for review and audit:
 - 1) Client information (name; date of birth; name of community; place of residence (on reserve or ordinarily resident on reserve); Indian Registration Number (if available); province/territory .
 - 2) Assessments of needs (by child; confirmation of assessment by professional/paraprofessional; date of assessment; required services/supports).
 - 3) Services/supports provided (by child; date of services; type of service/support; name of service provider; number of hours provided; number of visits).
 - 4) Detailed expenditures (by child; cost of service/support by type of service/support).

Supplementary Health Benefits

Non-Insured Health Benefits – Medical Transportation Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a medical transportation provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is entitled to practice his or her profession/occupation/business in accordance with the laws of the federal/province/territory where the services are to be provided, and that the provider meets the provider eligibility requirements of the respective benefit category.

Objectives

2. In order to implement the Non-Insured Health Benefits - Medical Transportation (NIHB/MT) benefit program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 through 9 (activities) of this Program Plan to achieve the following objective:
 - 1) Provide medical transportation benefits to access medically necessary health services to the nearest appropriate health facility to the Clients described in this Program Plan in accordance with the NIHB Program Mandate, the NIHB Medical Transportation Policy Framework, and regional guidelines (these documents will be provided to the Recipient by the regional office).

Activities

****CHOOSE WHICH SUB-CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

3. In order to carry out the Objectives, the Recipient shall provide medical transportation benefits to the following individuals (the Clients):
 - 1) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) in the province(s) of _____;
 - 2) all registered band members (regardless of their band affiliation) living in the Recipient's community/organization;
 - 3) all registered members of (name of Band) living on _____ reserve;
 - 4) all registered First Nations residing off-reserve in the (name of town/city/community) catchment area; and
 - 5) all recognized Inuit and registered First Nations receiving services in _____ territory.
4. The NIHB/MT benefits will include coverage for:
 - 1) Scope of travel:
 - a) travel within area of service as outlined in Appendix NIHB/MT-A ;
 - b) on-reserve travel limited to and from the nearest pick-up/drop-off point for commercial transportation;
 - c) comprehensive travel (all travel required); and
 - d) other: (if applicable, please specify).
 - 2) Mode of travel:
 - a) ground travel by:
 - i. commercial taxi;

- ii. self-employed contracted drivers;
 - iii. bus;
 - iv. train;
 - v. snowmobile;
 - vi. private vehicle;
 - vii. ambulance;
 - viii. Recipient's medical transportation vehicle (e.g. car, van, shuttle);
 - ix. other (if applicable, please specify).
 - b) water travel by:
 - i. boat;
 - ii. ferry;
 - iii. motorized boat.
 - c) air travel by:
 - i. scheduled air;
 - ii. charter air;
 - iii. air ambulance;
 - iv. helicopter;
 - v. other (if applicable, please specify).
- 3) Other benefits including:
- a) meals and accommodation for approved medical travel as per Appendix NIHB/MT-B when away from the reserve or outside of the community;
 - b) medical transportation coordination;
 - c) other (if applicable, please specify).
5. Medical transportation benefits not included in section 4 of this Program Plan may be considered by the Recipient/the regional office/the Recipient and/or the regional office for coverage on an exceptional basis if there is a demonstrated medical need and based on the written recommendation of the on-site health professional.
6. Medical transportation benefits will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, the NIHB Medical Transportation Policy Framework and regional guidelines. This includes, but is not limited to, the performance by the Recipient of the following activities:
- 1) the eligibility of all applicants must be verified prior to providing benefits except as indicated in section 6.(4) below;
 - 2) all benefits, including the use of escorts and the use of a private vehicle, must be pre authorized by the Recipient;
 - 3) confirmation that health care services have been accessed must be obtained by the Client from the health care provider or his/her representative. Confirmation must be provided to the Recipient immediately after the trip;
 - 4) where pre-authorization has not been obtained by the Client for transportation related to health emergencies, some or all transportation costs may be reimbursed where medical justification is provided and approved after the fact by the Recipient;
 - 5) the most economical, efficient and appropriate means of transportation is always to be used, considering the urgency of the situation and the medical condition of the Client;
 - 6) when more than one Client is travelling to the same location, maximum space in vehicles shall be used and the rate charged must be for one (1) trip. Individual charges for additional Clients are not permitted;
 - 7) the maximum payment by the Recipient for meals, accommodation and mileage shall be as per the amount outlined in Appendix NIHB/MT-B . Payments may be less than, but shall not exceed, the amounts listed;

- 8) unless there is a medical or legal reason why an escort should stay longer, or it is more economical to have the escort stay longer, the escort shall return to the community by the earliest reasonable means;
 - 9) extended travel status for escorts shall be provided only as identified in the NIHB Medical Transportation Policy Framework; and
 - 10) the NIHB Medical Transportation Policy Framework excludes the provision of medical transportation benefits in certain circumstances.
7. The Recipient shall communicate to the Clients listed in this Program Plan and to the service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall inform them how benefits are to be accessed and reimbursed.
 8. The Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that Clients can appeal a denial of a benefit.
 9. The Recipient shall record all claims data and submit electronically (as listed in the the Department of Indigenous Services Canada Reporting Guide of this program) in a format approved by the Department of Indigenous Services Canada (i.e. the FA spread sheet provided by the Department of Indigenous Services Canada or data extraction from other systems that is compliant with IS technical standards) or in an alternate format that has been previously approved by the Department of Indigenous Services Canada.

OR

10. The Recipient shall record and submit electronically all claims data (as listed in the Department of Indigenous Services Canada Reporting Guide section of this program) in the Department of Indigenous Services Canada approved medical transportation electronic records system.

Indemnification

11. The Recipient shall ensure that:
 - 1) all of the Recipient's medical drivers, whether employees of the Recipient or contractors, carry and maintain a valid provincial/territorial driving permit and certificate of insurance;
 - 2) all of the Recipient's medical drivers, whether employees of the Recipient or contractors, provide a copy of their driver's abstract to the Recipient;
 - 3) the Recipient has in place a driver selection or screening process for all medical drivers, whether employees of the Recipient or contractors, which includes background checks and references and whereby the general trustworthiness of the driver is assessed, bearing in mind that the driver will not only be operating a motor vehicle, but also entrusted with the transport of medical patients and will frequently be alone with such persons for extended periods;
 - 4) all vehicles which are used for medical transportation are in good working order and that all laws applicable to medical transportation are adhered to by the Recipient and any drivers it employs or uses under contract; and
 - 5) the Recipient and all medical drivers, whether employees of the Recipient or contractors, carry appropriate liability insurance in relation to the carriage of passengers by vehicle or other motorized conveyances.

Expenses

12. The funding provided in the Arrangement for medical transportation benefits and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

13. If additional expenses are anticipated for the term of this Arrangement by the Recipient due to unforeseen circumstances, a request for additional funding may be made by the Recipient with full supporting documentation which explains the request, quantifies the budgetary impact of the unforeseen circumstances, and describes what steps the Recipient has taken and will take to ensure efficient delivery of benefits. Unforeseen circumstances include:
- 1) the spread of epidemic;
 - 2) changes in the medical condition of a specific individual or individuals leading to an increase in demand to access medically necessary health services;
 - 3) a change, beyond the Recipient's control, to the referral pattern for a medically necessary health service resulting in increased costs to access services; and
 - 4) an increase in the rates charged for a specific medical transportation benefit have increased outside of the Recipient's control resulting in increased costs.

Record Keeping Requirements

14. Along with the data elements listed in the Department of Indigenous Services Canada Reporting Guide of this program, the Recipient shall maintain the following information on file and make them available for review or audit purposes:
- 1) records of confirmation of appointment attendance;
 - 2) copies of all relevant invoices to support the claim;
 - 3) supporting medical referral information (where applicable); and
 - 4) any negotiated contracts with service providers.
15. The Recipient shall be responsible for obtaining the following documentation, keeping it on file and making it available for review or audit purposes:
- 1) a copy of the contract, including amendments, between the Recipient and the contract drivers (if applicable);
 - 2) a copy of the valid provincial/territorial driving permit, proof of insurance, driver's abstract, documents confirming background checks and references for all drivers using Recipient vehicles or contract drivers; and
 - 3) a copy of the vehicle care inspection/mechanical service record for Recipient or contract vehicles.
16. The Recipient shall maintain the following information on file for all medical transportation benefit transactions and make available upon request for review or audit purposes:
- 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) escort surname;
 - f) escort given name; and
 - g) reason for an escort (the list of eligible escort criteria/reasons can be found on page 11 of the NIHB Medical Transportation Policy Framework).
 - 2) Appointment Information:
 - a) date and time of appointment/admission/discharge;
 - b) name of health care professional;
 - c) specialty of health care professional; and
 - d) record of confirmation of attendance.
 - 3) Travel Information:
 - a) travel departure date;
 - b) travel departure location;
 - c) travel destination; and
 - d) travel return date.

- 4) Benefit Information: (as applicable):
 - a) transportation provider(s) name;
 - b) mileage amount (if applicable);
 - c) total amount paid for transportation (including PST/GST/other tax);
 - d) accommodation provider name;
 - e) accommodation location/postal code;
 - f) number of nights;
 - g) total amount paid for accommodation (including PST/GST/other tax);
 - h) description and number of meals provided;
 - i) total amount paid for meals;
 - j) description of other benefits provided (please specify);
 - k) cost of other benefits provided (including PST/GST/other tax); and
 - l) total cost of trip (including tax).

Appendix A - NIHB/MT Area of Service

1. Medically necessary health services must be accessed at the nearest appropriate facility. When the appropriate medically necessary health services are available on the reserve or in the community, medical transportation to outside facilities will not be provided. The following locations within the area of service must be used to access the listed services. Other locations may be approved with the recommendation from the referring specialist. The recommendation for approval must be kept on file and provided upon request.

Regions to add List of Service and Appropriate Locations (format to be determined by Region)

2. The following types of services will not be provided by the Recipient under the terms of this Arrangement:
 - 1) travel outside of Canada;

Regions to add other restrictions as appropriate based on Recipient Eligibility

- 2) ambulance services;
- 3) list of services (e.g. travel to Traditional Healer, travel to Specialists located in XX);
- 4) list of locations (e.g. all travel to XX);
- 5) travel where length of stay is over X days.

Appendix B - NIHB/MT Reimbursement for Meals, Accommodation and Private Mileage

Meals:

1. Breakfast, lunch and dinner for clients and escorts will be paid at the following rates:
 - 1) Breakfast:
 - 2) Lunch:
 - 3) Dinner:
2. And under the following conditions:
 -
 -
 -
 -
3. When meals are a required component of a medical treatment, as determined by standard medical practice, (e.g. diabetes, dialysis treatment), approval may be granted for an additional meal per day/trip if it is not provided by the health care facility, boarding home or commercial establishment.

Accommodation

4. The following boarding homes must be used whenever available:
 -
 -
 -
 -
5. When an approved boarding home, or other home affiliated with the health care facility (e.g. Ronald MacDonald House, health hostel or residence) is available, accommodation in a commercial establishment will not be authorized. When these types of facilities are not available or are full, commercial accommodation in facilities approved by the Recipient and the regional office will be authorized and reimbursed at the negotiated or established rate of the facility.

****CHOOSE WHICH SUB-CLAUSE IS APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) A daily allowance of \$ will be provided for private accommodation, including meals.
- 2) A daily allowance of \$ will be provided for private accommodation, not including meals.
- 3) A daily allowance of \$ will be provided for meals if not included as part of the daily allowance for private accommodation.

Private Mileage

6. NIHB private mileage rates are reviewed annually based on the National Joint Recipient (NJC) Government Commuting Assistance Rates. The rates, and any subsequent changes to NIHB rates will be provided to the Recipient by the regional office.

Non-Insured Health Benefits – Mental Health Counselling Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider:
 - 1) meets the NIHB Program's eligibility requirements as defined in the Guide to Mental Health Counselling Services; and
 - 2) is registered with the appropriate regulatory body, and eligible to practice in the province/territory in which the service is being provided.

Objectives

2. In order to implement the NIHB Program - Mental Health Counselling (NIHB/MHC) benefits under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 through 6 (activities) of this Program Plan to achieve the following objective:
 - 1) provide Mental Health Counselling benefits to the Clients described in this Program Plan in accordance with the NIHB Program Mandate, the Guide to Mental Health Counselling Services, and regional guidelines (These documents will be provided to the Recipient by the regional office).

Activities

3. In order to carry out the Objectives, the Recipient:
 - 1) shall provide Mental Health Counselling benefits to the following individuals (the Clients):
 - a) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or (in the province(s) of);
 - b) all registered members of the Recipient's community/organization living on-reserve;
 - c) all registered band members (regardless of their band affiliation) living on-reserve; or
 - d) all registered First Nations residing off-reserve in the Recipient's community/organization catchment area.
 - 2) shall provide Clients with access to professional mental health counselling when such counselling is not available or accessible in their community. The service may be provided to individuals in a private practice setting or in their home community; and
 - 3) may provide professional fees for a professional mental health therapist to provide mental health counselling in a community. If required and cost-effective, travel costs may be provided to enable the therapist to travel to the community.
4. Mental Health Counselling services will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, Guide to Mental Health Counselling Services and regional guidelines. This includes, but is not limited to, the performance by the Recipient of the following activities:
 - 1) the eligibility of all applicants must be verified prior to providing benefits;
 - 2) all requests for Mental Health Counselling benefits must be pre-authorized;
 - 3) the Recipient shall ensure that benefits are:
 - a) provided in a culturally appropriate manner;
 - b) delivered by qualified, professional mental health service providers; and

- c) provided in conjunction with existing community support services.
 - 4) the Recipient shall ensure that protocols are developed and implemented by the service providers. These will include:
 - a) a mechanism for prioritizing service delivery;
 - b) clinical protocols for suicide prevention/intervention;
 - c) a system for linking clients to collateral supports; and
 - d) a system for reaching closure or referral to follow-up services.
 - 5) if additional Mental Health Counselling services are required after the pre-authorized services are provided, additional sessions may be authorized by the Recipient on a case by case basis when the rationale for the additional sessions is provided. The rationale could be how the additional sessions provide support and links the client to other community based or local mental health and culturally competent services;
 - 6) identify new mental health therapists to the Department of Indigenous Services Canada for verification of eligibility to provide Mental Health Counselling services;
 - 7) the Recipient will follow the payment schedule up to, but shall not to exceed, the fees negotiated between FNIHB and individual service providers;
 - 8) the Recipient shall participate in an evaluation of the services provided with a FNIHB Program Advisor;
 - 9) the Recipient shall provide Clients with the opportunity and means to provide feedback on the services received for quality improvement/assurance;
 - 10) the Recipient shall record all claims data (as listed in the Record Keeping Requirements) in a format that is compatible with FNIHB requirements; and
 - 11) the Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that clients may appeal the denial of a benefit.
5. The Recipient shall communicate to all Clients listed in this Program Plan and to the service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall inform them how benefits are to be accessed and reimbursed.

Expenses

6. The funding provided in this Arrangement for Mental Health Counselling benefits and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

Record Keeping Requirements

7. The Recipient shall maintain the following information on file for all Mental Health Counselling benefit transactions and make it available upon request for review or audit purposes:
 - 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) address (include postal code).
 - 2) Provider Information:
 - a) provider name;
 - b) provider registration number with the regulatory body.
 - 3) Prior Approval:

- a) type of counselling required (e.g. individual face-to-face, telehealth, group counselling, family counselling);
 - b) number of sessions, duration;
 - c) start and end dates of service.
- 4) Payment Details:
- a) attendance sheet;
 - b) total amount paid to service provider for reimbursement period and payment data.
8. Along with the data elements listed above, the Recipient shall maintain the following information on file and make it available for review or audit purposes:
- 1) copies of all relevant invoices to support the claim;
 - 2) for contractors brought into the community, evidence from the regulatory body that the provider is a registered member in good standing and is entitled to practice in accordance with the laws of the province of [REDACTED] where the services are to be provided and evidence of professional liability insurance are to be provided;
 - 3) any negotiated contracts, including amendments, with service providers; and
 - 4) documents confirming background checks and references.

Non-Insured Health Benefits – Mental Health Counselling by Traditional Healer Services

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider:
 - 1) is recognized and accepted by the community or communities served by the Recipient as being able to provide culturally appropriate mental health counselling services to individuals, families, and groups of community members.

Objectives

2. In order to implement these services under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 and 4 (Activities) of this Program Plan to achieve the following objective:
 - 1) Provide access to services to NIHB eligible clients for their mental health counselling needs by providers using traditional approaches.
 - 2) Ensure client safe access to such services by determining providers capacity and eligibility to provide such services.

Activities

3. In order to carry out the Objectives, the Recipient:
 - 1) Shall provide services to the following individuals (the Clients):
 - a) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or (in the province(s) of);
 - b) all registered members of the Recipient's community/organization living on-reserve;
 - c) all registered band members (regardless of their band affiliation) living on-reserve; or
 - d) all registered First Nations residing off-reserve in the Recipient's community/organization catchment area.
 - 2) Shall provide services to NIHB eligible Clients through providers who use community and culturally appropriate traditional approaches and methods designed to meet the mental health counselling needs of eligible Clients such as, but not limited to, dialogue, ceremonies, prayers and traditional teachings.
 - 3) Shall provide compensation to such service providers in a form and manner that is appropriate to their traditional role as determined by the Recipient.
4. These services will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate and regional guidelines. This includes, but is not limited to, the performance by the Recipient of the following activities:
 - 1) The eligibility of all Clients must be verified prior to providing services;
 - 2) The Recipient shall ensure that services are:
 - a) provided in a culturally appropriate manner;
 - b) delivered by qualified providers (as noted above); and
 - c) delivered where possible in conjunction with existing community support services to support continuity of care for Clients.

- 3) The Recipient shall participate in an evaluation of the services provided with a FNIHB Program Advisor;
- 4) The Recipient shall provide Clients with the opportunity and means to provide feedback on the services received for quality improvement/assurance;
- 5) The Recipient shall record all service data (as listed in the Record Keeping Requirements) in a format that is compatible with FNIHB requirements.

Expenses

5. The funding provided in this Arrangement for Mental Health Counselling by Traditional Healer and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these services during the term of this Arrangement.

Record Keeping Requirements

6. The Recipient shall maintain the following information on file for all services provided under this Agreement and make it available upon request for review or audit purposes:
 - 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) address (include postal code).
 - 2) Provider Information:
 - a) Total number of traditional healers who provided services.
 - 3) Payment Details:
 - a) total fees/amount paid to each traditional healer for reimbursement period and payment data.
 - 4) Documents confirming background checks and references.

Non-Insured Health Benefits – Dental Benefits

Terms and Conditions, Objectives and Activities

Provider Qualifications

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college and/or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

2. In order to implement the NIHB - Dental Care Benefits (NIHB/DCB) program under the terms and conditions of the Arrangement, the Recipient shall carry out the activities set out in sections 3 through 6 (Activities) of this Program Plan to achieve the following objective:
 - 1) provide dental care benefits to the Clients described in this Program Plan in accordance with the NIHB Program Mandate, the NIHB Dental Benefits Guide, and the NIHB Regional Dental Benefits Grids. The dental care benefits will be provided onsite at the _____.

Activities

3. In order to carry out the Objectives, the Recipient shall provide dental care benefits to the following individuals (the Clients):
 - 1) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or in the province(s) of _____;
 - 2) all registered members of the Recipient's community/organization living on-reserve (duplicate to #1);
 - 3) all registered band members (regardless of their band affiliation) living on-reserve; and
 - 4) all registered First Nations residing off-reserve in the Recipient's community/organization catchment area.
4. The NIHB/DCB program will include coverage for the benefits listed in the Regional Dental Benefit Grid, that include:
 - 1) diagnostic services (examinations, X-rays);
 - 2) clinical preventive services (cleaning);
 - 3) restorative services (fillings);
 - 4) endodontics (root canal treatment);
 - 5) periodontics (treatment of gums);
 - 6) prosthodontics removable and fixed (dentures, bridges);
 - 7) oral surgery (extracting teeth);
 - 8) orthodontics; and
 - 9) adjunctive services (other additional services).
5. Dental care benefits will be provided by the Recipient to the Clients in the manner consistent with the NIHB Program Mandate, the NIHB Dental Benefits Guide, and the NIHB Regional Dental Benefits Grid(s). This includes, but is not limited to, the performance by the Recipient of the following activities:
 - 1) all services that are identified with a P in the Regional Dental Benefit Grid require predetermination;
 - 2) the eligibility of all applicants must be verified prior to providing benefits;

- 3) payment by the Recipient to service providers will follow the payment schedule up to, but shall not to exceed, the payment schedule provided by FNIH;
 - 4) the Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that Clients can appeal a denial of a benefit; and
 - 5) the Recipient shall record all claims data (as listed in the Record Keeping Requirements) in a format that is compatible with FNIH requirements.
6. The Recipient shall communicate to the Clients listed in this Program Plan and to the service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall inform them how benefits are to be accessed and reimbursed.

Expenses

7. The funding provided in the Arrangement for dental care benefits and broken out in Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of the Arrangement.

Record Keeping Requirements

8. The Recipient shall maintain the following information on file for all dental care benefit transactions and make it available upon request for review or audit purposes:
 - 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) male/female;
 - f) address (include postal code); and
 - g) other coverage indicator.
 - 2) Provider Information:
 - a) provider name;
 - b) provider number (where applicable);
 - c) business address (include postal code);
 - d) provider type; and
 - e) telephone number (include area code).
 - 3) Procedure Information:
 - a) date of service;
 - b) procedure code;
 - c) tooth code;
 - d) tooth surfaces;
 - e) professional fee;
 - f) laboratory fee;
 - g) predetermination number;
 - h) effective date;
 - i) mounted X-rays, other diagnostic test reports and dates of service; and
 - j) clinical notes supporting the dental service provided.
 - 4) Payment Details:
 - a) third-party share;
 - b) amount claimed;
 - c) total amount paid; and
 - d) date of payment.

Non-Insured Health Benefits – Pharmacy Benefits

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college and/or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

2. In order to implement the NIHB - Pharmacy Benefits (NIHB/PB) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 through 5 (Activities) of this Program Plan to achieve the following objective:
 - 1) provide pharmacy benefits to the Clients described in this Program Plan in accordance with the NIHB Program Mandate, the NIHB Pharmacy and Medical Supplies and Equipment Benefit Policy Framework, the NIHB Provider Guide for Pharmacy Benefits, the NIHB Drug Benefit List, and the Regional Pharmacy Fee Arrangement (these documents will be provided to the Recipient by the regional office).

Activities

3. In order to carry out the Objectives, the Recipient shall provide pharmacy benefits to the following individuals (the Clients):
 - 1) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or (in the province(s) of);
 - 2) all registered members of Recipient's community/organization living on-reserve;
 - 3) all registered band members (regardless of their band affiliation) living on-reserve; and
 - 4) all registered First Nations residing off-reserve in the (name of town/city/community) catchment area.
4. Pharmacy benefits will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, the NIHB Pharmacy and Medical Supplies and Equipment Benefit Policy Framework, the NIHB Provider Guide for Pharmacy Benefits, the NIHB Drug Benefit List, and the Regional Pharmacy Fee Arrangement. This includes, but is not limited to, the performance by the Recipient of the following activities:
 - 1) the eligibility of all applicants must be verified prior to providing benefits;
 - 2) the Recipient shall ensure Clients have a prescription from a licensed prescriber recognized by the Program for all pharmacy benefit requests;
 - 3) the Recipient shall follow the payment schedule up to, but shall not exceed, the payment schedule provided by FNIHB in the Regional Pharmacy Fee Arrangement;
 - 4) drugs subject to the limited use drug policy (as identified in the NIHB Drug Benefit List) may be considered for coverage if they are prescribed for a condition which meets the criteria listed in Appendix A of the NIHB Drug Benefit List;
 - 5) pharmacy benefits not included in the NIHB Drug Benefit List, may be considered for coverage on an exceptional basis, if there is a demonstrated medical need, and based on the written recommendation of the Recipient's medical consultant. Exceptions are to be recorded in a separate tracking log and must

- include the detailed information listed in the Record Keeping Requirements section;
- 6) certain drug products are not within the mandate of the NIHB Program and are not provided under the NIHB Program under any circumstances, they are listed in the NIHB Drug Benefit List as exclusions; and
 - 7) the Recipient must record all claims data (as listed in the Department of Indigenous Services Canada Reporting Guide) in a format that is compatible with FNIHB requirements.
5. The Recipient shall communicate to the Clients listed in this Program Plan and to the service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall inform them on how benefits are to be accessed and reimbursed.

Expenses

6. The funding provided in this Arrangement for pharmacy benefits and broken out in Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

Record Keeping Requirement

7. The Recipient shall maintain the following information on file for all pharmacy benefit transactions and make it available upon request for review or audit purposes:
 - 1) Client Information:
 - a) client identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) male/female;
 - f) address (include postal code); and
 - g) other coverage indicator.
 - 2) Provider Information:
 - a) provider name;
 - b) provider number (where applicable);
 - c) business address (include postal code);
 - d) provider type; and
 - e) telephone number (include area code).
 - 3) Prescriber Information:
 - a) prescriber name;
 - b) address (include postal code);
 - c) telephone number (include area code); and
 - d) registration number.
 - 4) Prior Approval Information (for exception and limited-use drugs):
 - a) approval date;
 - b) prior-approval number;
 - c) total amount approved against prior approval number; and
 - d) date of service.
 - 5) Prescription Information:
 - a) drug identification number (DIN);
 - b) quantity;
 - c) cost; and
 - d) number of repeats.
 - 6) Payment Details:
 - a) third-party share;

- b) amount claimed;
- c) dispensing fee;
- d) total amount paid; and
- e) date of payment.

Non-Insured Health Benefits – Medical Supplies and Equipment (NIHB/MSE) Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of a NIHB recognized regulatory body or provincial/territorial legislated regulatory body applicable to the provider's profession, that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided, and that the provider meets the provider eligibility requirements of the respective benefit category.

Objectives

2. In order to implement the NIHB - Medical Supplies and Equipment (NIHB/MSE) benefit program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 through 5 (Activities) of this Program Plan to achieve the following objective:
 - 1) provide medical supplies and equipment benefits (MS&E) to the Clients described in this Program Plan in accordance with the NIHB General Program Directive, the NIHB Program Mandate, the NIHB Pharmacy and MS&E Benefits Policy Framework, the NIHB Provider Guide for MS&E Benefits, and the NIHB MS&E Benefit List (these documents will be provided to the Recipient by the regional office).

Activities

3. In order to carry out the Objectives, the Recipient shall provide MS&E benefits to the following individuals (the Clients):
 - 1) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or (in the province(s) of [redacted]);
 - 2) all registered members of the Recipient's community/organization living on-reserve;
 - 3) all registered band members (regardless of their band affiliation) living on-reserve; and
 - 4) all registered First Nations residing off-reserve in the (name of town/city/community) catchment area.
4. MS&E benefits will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, the NIHB Pharmacy and MS&E Benefits Policy Framework, the NIHB Provider Guide for MS&E Benefits, and the NIHB MS&E Benefit List. This includes, but not limited to, the performance by the Recipient of the following activities:
 - 1) the eligibility of all applicants must be verified prior to providing benefits;
 - 2) the Recipient shall ensure that all MS&E items are prescribed by an approved prescriber and provided by an approved provider as outlined in the NIHB Provider Guide for MS&E Benefits;
 - 3) where required, MS&E benefits must be pre-authorized by the Recipient;
 - 4) the Recipient shall follow the payment schedule up to, but shall not to exceed, the payment schedule provided by FNIHB;
 - 5) where pre-authorization has not been obtained by the Client, some or all costs may be reimbursed by the Recipient where eligibility criteria are met and approval is provided after the fact;

- 6) the Recipient shall identify to the Department of Indigenous Services Canada new service providers who will advise the Recipient of the provider number to be used for accounting purposes;
 - 7) MS&E benefits not included in the NIHB MS&E Benefit List, may be considered for coverage on an exceptional basis, if there is a demonstrated medical need, and based on the written recommendation of the Recipient's medical consultant. Exceptions are to be recorded in a separate tracking log and must include the detailed information listed in the Record Keeping Requirement Section;
 - 8) the Recipient shall record all claims data (as listed in the Record Keeping Requirements) in a format that is compatible with FNIHB requirements;
 - 9) the Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that clients can appeal a denial of a benefit; and
 - 10) the regional NIHB office shall be available to provide consulting advice and guidance as required for the provision of Medical Supplies and Equipment Benefits. If the Recipient chooses to use their own consultant, no additional funding will be provided.
5. The Recipient shall communicate to all members and service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall provide ongoing information with respect to the NIHB Program and any new procedures to access services.

Expenses

6. The funding provided in this Arrangement for medical supplies and equipment benefits and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

Record Keeping Requirement

7. The Recipient shall maintain the following information on file for all MS&E benefit transactions and make available upon request for review or audit purposes:
 - 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) male/female;
 - f) address (include postal code); and
 - g) other coverage indicator.
 - 2) Prescriber Information:
 - a) prescriber name;
 - b) regulatory body prescriber number;
 - c) prescriber address (include postal code);
 - d) copy of prescription from approved prescriber; or
 - e) prescription information (date of service, Item code, quantity (where applicable)).
 - 3) Provider information:
 - a) provider name;
 - b) provider number (where applicable);
 - c) business address (include postal code);
 - d) provider type; and
 - e) telephone number (include area code).
 - 4) Approval Information:

- a) date of service;
 - b) benefit item;
 - c) item code;
 - d) approval date;
 - e) prior approval number;
 - f) total amount approved for prior approval; and
 - g) certification slip with Client signature to acknowledge receipt of goods (where applicable as per the NIHB Provide Guide for MS&E Benefits).
- 5) Payment Details:
- a) item cost;
 - b) material cost (where applicable);
 - c) professional fees (where applicable);
 - d) shipping charge (where applicable);
 - e) third-party share;
 - f) amount claimed;
 - g) total amount paid; and
 - h) date of payment.

Non-Insured Health Benefits – Vision Care Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college and/or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

2. In order to implement the NIHB - Vision Care (NIHB/VC) benefits program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 through 5 (activities) of this Program Plan to achieve the following objective:
 - 1) provide vision care benefits to the Clients described in this Program Plan in accordance with the NIHB Program Mandate, the NIHB Vision Care Benefit Policy Framework, the NIHB Vision Care Benefit List, and regional guidelines (these documents will be provided to the Recipient by the regional office).

Activities

3. In order to carry out the Objectives, the Recipient shall provide vision care benefits to the following individuals (the Clients):
 - 1) all registered members of the Recipient's community/organization living on and off-reserve (in Canada) or (in the province(s) of);
 - 2) all registered members of the Recipient's community/organization living on-reserve;
 - 3) all registered band members (regardless of their band affiliation) living on-reserve; and
 - 4) all registered First Nations residing off-reserve in the (name of town/city/community) catchment area.
4. Vision care benefits will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, the NIHB Vision Care Benefit Policy Framework, the NIHB Vision Care Benefit List, and regional guidelines. This includes, but is not limited to, the performance by the Recipient of the following activities:
 - 1) the eligibility of all applicants must be verified prior to providing benefits;
 - 2) all vision care benefits must be pre-authorized by the Recipient;
 - 3) where pre-authorization has not been obtained by the Client in advance, some or all costs may be reimbursed by the Recipient where eligibility criteria are met and approval is provided after the fact;
 - 4) payment by the Recipient to service providers will follow the payment schedule up to, but shall not to exceed, the payment schedule provided by FNIHB;
 - 5) the Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that Clients can appeal a denial of a benefit;
 - 6) vision care benefits not provided under the NIHB Program may be considered for coverage on an exceptional basis if there is a demonstrated medical need, and based on the written recommendation of the Recipient's medical consultant. Exceptions are to be recorded in a separate tracking log and must include the detailed information listed in the Record Keeping Requirement Section;

7) the Recipient shall record all claims data (as listed in the Record Keeping Requirements) in a format that is compatible with FNIHB requirements;

OR

8) the Recipient shall record all claims data (as listed in the Record Keeping Requirements) in a FNIHB - approved electronic system; and

9) the regional NIHB office shall be available to provide consulting advice and guidance as required for the provision of Vision Care Benefits. If the Recipient chooses to use their own consultant, no additional funding will be provided.

5. The Recipient shall communicate to the Clients listed in this Program Plan and to the service providers that they have assumed the responsibility for the delivery of this NIHB benefit category and shall inform them on how benefits are to be accessed and reimbursed.

Expenses

6. The funding provided in this Arrangement for vision care benefits and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

Record Keeping Requirements

7. The Recipient shall maintain the following information on file or on the FNIHB - approved electronic system for all vision care benefit transactions and make it available upon request for review or audit:

1) Client Information:

- a) identification number;
- b) surname;
- c) given name(s);
- d) date of birth;
- e) male/female;
- f) address (include postal code); and
- g) other coverage indicator.

2) Provider Information:

- a) provider name;
- b) provider number (where applicable);
- c) business address (include postal code);
- d) provider type; and
- e) telephone number (include area code).

3) Approval Information:

- a) date of service;
- b) approval date;
- c) prior approval number; and
- d) total amount approved for prior approval.

4) Prescriber Information:

- a) prescriber name;
- b) prescriber number (if available); and
- c) prescriber address (include postal code).

5) Prescription Information:

- a) prescription date;
- b) OD - sphere, cylinder, axis prism, vision, add; and
- c) OS - sphere, cylinder, axis prism, vision, add.

6) Material Cost: (where applicable)

- a) cost of lens (unifocal or bifocal);

- b) cost of frame;
 - c) other (hardex/scratch resistant coating, tint, high index, prism, contact lenses, etc.);
 - d) repair cost (front, temple, nose pad, hinge, other, etc.); and
 - e) mail/delivery costs.
- 7) Professional/Service Fees: (where applicable)
- a) eye exam;
 - b) new unifocal lenses;
 - c) new bifocal lenses;
 - d) patient's own frame (new lenses/existing frame);
 - e) repairs; and
 - f) other (specify).
- 8) Payment Details:
- a) third-party share;
 - b) amount claimed;
 - c) total amount paid; and
 - d) date of payment.

Non-Insured Health Benefits – Community Dental Benefits Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional dental provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure services are provided by dental providers who are registered members in good standing with the professional association applicable to their profession, and that the dental providers are entitled to practice their profession in accordance with the laws of the province of [REDACTED] where the services are to be provided. The Recipient shall ensure that Dental providers satisfy the requirements of a screening process which includes background checks and references and whereby their general trustworthiness is assessed.

Objectives

2. In order to implement the NIHB - Community Dental Benefits (NIHB/CDB) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in sections 3 through 8 (activities) of this Program Plan to achieve the following objective:
 - 1) provide dental care benefits to the Clients described in this Program Plan in accordance the NIHB Program Mandate, the NIHB Dental Benefits Guide, and the NIHB Regional Dental Benefits Grids (these documents will be provided to the Recipient by the regional office). The dental care benefits will be provided on-site at the [REDACTED].

Activities

3. In order to carry out the Objectives, the Recipient shall provide dental care benefits to the following individuals:
 - 1) to all eligible First Nations (regardless of their band affiliation) and Inuit living in the Recipient's community (the Clients).
4. The NIHB/CDB program will include coverage for the benefits listed in the Regional Dental Benefit Grid, that include:
 - 1) diagnostic services (examinations, X-rays);
 - 2) clinical preventive services (cleaning);
 - 3) restorative services (fillings);
 - 4) endodontics (root canal treatment);
 - 5) periodontics (treatment of gums);
 - 6) prosthodontics removable and fixed (dentures, bridges);
 - 7) oral surgery (extracting teeth);
 - 8) orthodontics; and
 - 9) adjunctive services (other additional services).
5. Dental care benefits will be provided by the Recipient to the Clients in a manner consistent with the NIHB Program Mandate, the NIHB Dental Benefits Guide, and the NIHB Regional Dental Benefits Grids. This includes but is not limited to, the performance by the Recipient of the following activities:
 - 1) verify the eligibility of all Clients prior to providing benefits. In the case of benefits being provided to non-eligible individuals, the Recipient will ensure alternate payment provisions are in place and that costs will be recovered;
 - 2) the Recipient shall establish an appeal process equivalent to that available through the NIHB Program so that Clients can appeal the denial of a benefit;

- 3) record the data on the services provided (as listed in the Record Keeping Requirements) in a format that is compatible with FNIHB requirements; and
 - 4) ensure compliance with the terms and conditions of the Workplace Hazardous Materials Information Systems (WHMIS) and legislation relating to the transportation of dangerous goods and occupational health and safety.
6. The Recipient shall develop and implement a plan to communicate and promote the services of the [REDACTED] to the Clients and to advise them that the Recipient has assumed the responsibility for the delivery of this NIHB benefit category and shall inform them how benefits are to be accessed.
 7. The Recipient shall notify FNIHB in writing immediately when the need to recruit a dental provider arises. The Recipient shall recruit a new dental provider on contract within six (6) months. If a dental provider is not recruited by the fifth (5th) month, the Recipient shall notify FNIHB in writing so that alternate arrangements can be made for the provision of dental services in the community.
 8. The Recipient shall ensure that no fee for service payments are collected by the Recipient's dental provider, from FNIHB and/or its payment contractor, for dental treatment and procedures provided to the Clients.

Expenses

9. The funding provided in this Arrangement for community dental benefits and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.
10. Individuals who are not eligible for coverage through the FNIHB Program but receive services from the dental provider will be billed directly by the Recipient, or through an alternate third party plan, for services provided as per the FNIHB dental services reimbursement schedule. Funds collected are to be included in the reporting requirements and will be deducted from cashflow payments.
11. The Recipient shall ensure, in cases where Clients have dental benefit coverage through a third-party plan (e.g. workplace dental plans, income assistance), that these plans are billed appropriately for their portion of the costs. Funds collected are to be included in the reporting requirements and will be deducted from cashflow payments.
12. During the recruitment for a dental provider, for full months when there is no dental provider practicing in the Recipient's community, only the expenses associated with recruiting a dental provider will be paid. Reimbursable expenses will be limited to advertising, interview related travel expenses and additional long-distance telephone charges, and will be based on the actual invoices submitted. Funding provided is not to exceed the total funding equivalent to the cashflow for a two (2) month period.

Record Keeping Requirements

13. The Recipient shall be responsible for obtaining the following documentation, keeping them on file and making them available for review or audit purposes:
 - 1) a copy of the contract, including amendments, between the Recipient and the dental provider;
 - 2) a certified true copy of a valid dental license or evidence from the provincial dental association and regulatory body that the dental provider is a registered member in good standing and is entitled to practice in accordance with the laws of the province of [REDACTED] where the services are to be provided;

- 3) current certification or evidence of registration (e.g., receipt) in Cardiopulmonary Resuscitation (CPR) training;
- 4) original or a certified true copy of results of a Personal Request for Criminal Record Search through either a local police service or the RCMP for the dental provider; and
- 5) documents confirming background checks and references.

14. In accordance with the Confidentiality section of this Arrangement the Recipient shall maintain the following information (in addition to the information noted in the Department of Indigenous Services Canada Reporting Guide) on file for all dental care procedures provided. This information is to be recorded in the Client's dental chart and made available upon review or audit.

- 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) male/female;
 - f) address (include postal code); and
 - g) other coverage indicator.
- 2) Procedure Information:
 - a) date of service;
 - b) procedure code or description;
 - c) tooth code;
 - d) tooth surfaces;
 - e) professional fee;
 - f) laboratory fee;
 - g) predetermination number (if applicable);
 - h) effective date (if applicable);
 - i) mounted X-rays, other diagnostic test reports and dates of service; and
 - j) clinical notes supporting the dental service(s) provided.
- 3) Provider Information:
 - a) name of dental provider.
- 4) Payment Details: (if applicable):
 - a) third-party share;
 - b) amount claimed;
 - c) total amount paid; and
 - d) date of payment.

Non-Insured Health Benefits – Visiting Health Care Professional Services Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a professional health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of a NIHB recognized regulatory body, provincial/territorial legislated body, or the college and/or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province/territory where the services are to be provided.

Objectives

2. In order to implement the NIHB - Visiting Health Care Professional Services (NIHB/VPS) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objective:
 - 1) Provide medical transportation to so that visiting professional health care providers can travel to the community as an alternative to transporting clients to access medically necessary health services. Transportation will be provided in accordance with the NIHB Program Mandate, the NIHB Medical Transportation Policy Framework, and regional guidelines (these documents will be provided to the Recipient by the regional office).

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) arrange for a physician(s)/specialist(s) (please specify type of health professional) to provide [REDACTED] physician clinic(s)/community visits per month to a maximum of [REDACTED] clinics/visits per year at the [REDACTED];
 - 2) ensure that the health services are provided in a manner consistent with the NIHB Program Mandate and the health professionals code of ethics and professional and provincial guidelines;
 - 3) ensure that all medical supplies, instruments and medical staff required are available when the physician/specialist clinics are held;
 - 4) ensure that the physician/specialist services provided to Clients will follow the same guidelines that would be applicable if the physician(s)/specialist(s) were practicing in their private office; and
 - 5) ensure the proper identification, handling and disposal of any dangerous Goods and Hazardous Wastes necessary to carry out their work under the Arrangement. The Recipient will be compliant with applicable provincial and federal laws relating to the Transportation of Dangerous Goods and Hazardous Products to minimize the risk they pose, or may pose, in the workplace and to the environment.

Expenses

4. The funding provided in this Arrangement for visiting health care professional services and broken out in this Arrangement, constitutes the maximum amount payable to, and the maximum amount to be expended by, the Recipient for the provision of these benefits during the term of this Arrangement.

5. Reimbursements of NIHB- Medical Transportation for contracted visiting health care professionals are for transportation / accommodation / meal expenses not to exceed Treasury Board rates.

Record Keeping Requirements

6. The Recipient shall maintain the following information on file for all Clients seen by the visiting physician/specialist and make it available upon request for review or audit purposes:
 - 1) Client Information:
 - a) identification number;
 - b) surname;
 - c) given name(s);
 - d) date of birth;
 - e) male/female;
 - f) address (include postal code); and
 - g) other coverage indicator.
 - 2) Physician/Specialist Information:
 - a) name;
 - b) billing number (where applicable);
 - c) health professional type;
 - d) business address (include postal code); and
 - e) telephone number (include area code).

Health Infrastructure

Health System Capacity

HEALTH PLANNING AND QUALITY MANAGEMENT

Health Planning and Management – Laying Foundations Phase Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Laying Foundations Phase under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (Activities) of this Program Plan to achieve the following objectives:
 - 1) establish and train a health management structure which can include a Health Committee; and
 - 2) conduct a community health needs and resource assessment to determine health needs, resources and priorities within the context of all available resources of support for health programs and services, i.e., FNIHB, other Department of Indigenous Services Canada programs, other federal departments, the province, the municipality and others.

Activities

2. In order to carry out the Objectives, the Recipient shall:
 - 1) secure the services of a Project Coordinator;
 - 2) review existing health management structure or establish one;
 - 3) choose members of the Health Committee and develop Terms of Reference;
 - 4) train for health planning and management;
 - 5) prepare a Project plan for the health planning process; and
 - 6) conduct and complete a health needs and resource assessment and establish health priorities.

Laying Foundation Phase Requirements

3. The Recipient shall provide to the Department of Indigenous Services Canada:
 - 1) an organizational chart and description of lines of authorities and supervision within the health management structure;
 - 2) a copy of the complete health planning project plan; and
 - 3) a copy of the final report of the health needs and resource assessment including identified health priorities.

Health Planning and Management – Mapping Directions Phase Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Mapping Directions Phase under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (Activities) of this Program Plan to achieve the following objectives:
 - 1) plan programs and services;
 - 2) allocate financial and human resources; and
 - 3) establish an Accountability Framework.

Activities

2. In order to carry out each Objective, the Recipient shall:
 - 1) plan programs and services:
 - a) secure the services of a Project Co-ordinator or Health Director;
 - b) set goals, objectives and plan activities for the delivery of health programs and services while ensuring mandatory program delivery meets minimum service requirements;
 - c) decide on indicators and data to be collected;
 - d) prepare annual program work plans; and
 - e) update Emergency Preparedness Plan to ensure Pandemic Plan is complete.
 - 2) allocate financial and human resources:
 - a) determine projected revenues and expected expenditures and prepare a budget;
 - b) allocate human resources which may include an organizational chart, and review of personnel policies;
 - c) develop confidentiality procedures, job descriptions, a plan for the provision of medical professional services such as a Medical Officer of Health and Nursing;
 - d) arrange liability and malpractice insurance;
 - e) develop a training plan (can be completed within 6 months of Implementation);
 - 3) establish an accountability framework:
 - a) plan for audits, financial information, and to meet reporting requirements; and
 - b) create an evaluation plan (can be completed within 6 months of Implementation).

Mapping Directions Phase Requirements

3. The Recipient shall provide to the Department of Indigenous Services Canada:
 - 1) a Health Plan to commence the Discussion Phase of health planning.

Health Planning and Management – Multi-Year Workplan Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Flexible Funding Approach under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (activities) of this Program Plan to achieve the objective of creating a Multi-Year Workplan.

Activities

2. In order to carry out each Objectives, the Recipient shall:
 - 1) review existing health management structure or establish one and provide training;
 - 2) define current community health priorities;
 - 3) ensure the goals, objectives, activities, and outcome measures for each are clearly outlined in the Plan (program objectives must be within the general scope of FNIHB approved health programs and services);
 - 4) outline how mandatory public health and safety programs will be delivered, i.e., communicable disease control (including immunization), environmental public health, and treatment services (if applicable); and
 - 5) include a resource plan indicating how resources will be allocated and reported among the various programs.

Multi-Year Workplan Requirements

3. The Recipient shall provide to the Department of Indigenous Services Canada:
 - 1) a Multi-Year Workplan (including an organizational chart and description of lines of authorities and supervision within the health management structure) to commence the discussion phase to move into a Flexible Funding Approach Funding Arrangement.

First Nations and Inuit Health Services Accreditation Terms and Conditions, Objectives and Activities

Goals

1. The overall goal of the Accreditation Program is to increase the quality of health services delivered by First Nations and Inuit health organizations.

Objectives

2. In order to support Accreditation activities under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan and shall work towards the following:
 - 1) engage with an accrediting body; and
 - 2) strengthen leadership commitment and promote community engagement in continuous quality improvement within their health service.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) be registered for accreditation with an accrediting body; and
 - 2) continue to be actively engaged in an accreditation process and provide proof of accreditation status and / or proof of registration with an accrediting body by submitting the annual invoice received from the accrediting body.

Health Consultation and Liaison Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Health Consultation and Liaison (HCON&L) program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (activities) of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

Health Consultation

- 1) provide for consultation with First Nations and Inuit organizations to obtain input and guidance on First Nations and Inuit health issues;
- 2) develop and foster alliances with other organizations that will advance the well-being of First Nations and Inuit in the [REDACTED] Region;
- 3) develop new forms of consultation on health program delivery that will contribute to the well-being of First Nations and Inuit in the [REDACTED] Region;
- 4) provide public education on First Nations and Inuit health issues;

Health Liaison

- 5) provide co-ordination and support to programs in the Recipient's community/organization, to raise the level of health awareness and services in the communities;
- 6) raise the level of health and healthy lifestyles of the Recipient's members;
- 7) consult with the Recipient's community/organization and actively promote and assist in the delivery of optimal health services;
- 8) promote community awareness of healthy lifestyles and preventative measures; and
- 9) oversee the development of management and administrative practices of the health programs and services in the Recipient's community/organization.

Activities

2. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

Health Consultation

- 1) provide consultation services to the Recipient's community/organization on the development of managerial skills of administrators in the band-controlled health-care system, particularly in planning of services in consultation with community members;
- 2) identify health issues in a consistent and pro-active manner;
- 3) systematically address health priority issues;
- 4) engage in regular consultations with organizations or associations on health-care issues;
- 5) develop plans to expand policy development capacity in the following areas: general policy research, quantitative analysis, legislative analysis, and in the formation of partnerships with other health policy and research groups;
- 6) liaise and communicate with government departments and provide program and policy review specifically on FNIHB initiatives;

- 7) ensure health project management by developing project management systems in consultation with other departments and developing a financial accountability management system in consultation with Finance and Administration;
- 8) identify opportunities for building relationships or partnerships for addressing health issues with the federal and provincial/territorial governments, corporate sector and non-government agencies;
- 9) build and maintain effective relations on health issues with various organizations through such means as establishing protocols and memoranda of understanding;

Health Liaison

- 10) participate in the co-ordination of health programs by ensuring that health needs are identified, priorities set, and health care plans are developed for the health programs;
- 11) ensure that meetings occur at regular intervals and take into consideration issues that pertain to the provision of health services;
- 12) facilitate the networking process between communities in the [redacted] by promoting and organizing local inter-agency resource committees;
- 13) facilitate inter-community information sharing by ensuring that regular meetings between health committee representatives and other health workers occur and/or by planning and arranging health conferences periodically;
- 14) provide a coordination and liaison function between the Recipient, Tribal Council, FNIHB and other government departments through regular meetings and correspondence;
- 15) plan, organize and ensure that quality community-based health services are delivered to the people of the Recipient's community/organization;
- 16) make recommendations to the Chief and Recipient on the overall direction, leadership, policy and control of management of their health programs and services;
- 17) establish policy directions reflecting the community's philosophy and goals;
- 18) review its policies, establish standards of performance regarding personnel, management practices and service delivery;
- 19) provide recruitment, assistance, orientation and on-going health information to the Tribal Council or Recipient and community-based health workers;
- 20) assist the Tribal Council or Recipient in the evaluation of services provided by the various health care agencies and independent contractors;
- 21) assist the Tribal Council or Recipient in its participation in the FNIHB planning cycle, including operational planning, and work plan reviews; and
- 22) provide consultation services to member communities on the development of managerial skills in the administration of the band-controlled health care system, and in the planning of services in consultation with community members.

HEALTH HUMAN RESOURCES

Aboriginal Health Human Resources Initiative (AHHRI) Training for Community-Based Workers, Including Health Managers

Terms and Conditions, Objectives and Activities

Goals

1. To provide community-based workers and health managers with training to improve the quality and consistency of healthcare services provided in First Nations and Inuit communities.

Objectives

2. In order to implement the AHHRI Training for community-based workers, including health managers, under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (activities) of this Program Plan to achieve the following objectives:
 - 1) Provide community based workers with training in areas such as health promotion and disease prevention (e.g., addictions, mental health, early childhood education, diabetes) to improve the quality and consistency of health care services provided in First Nation and Inuit communities.
 - 2) Provide First Nations Health Managers Certification training as offered by the First Nations Health Managers Association (with special considerations for Inuit communities).

Activities

3. In order to carry out the activities, the Recipient shall:
 1. Meet criteria described in the AHHRI Community-Based Worker and Health Manager Training Guidelines, and in keeping with the approved budget.

HEALTH FACILITIES

Capital Investments

Terms and Conditions, Objectives and Activities

Goals

1.
 - 1) To provide financial support for capital projects that support the safe and efficient delivery of federally supported health care programs and services in First Nations and Inuit communities; and
 - 2) To promote and enhance the capacity of First Nations and Inuit Recipients in capital planning and management, in order to support safe, efficient and sustainable health infrastructure.

Objectives

2. In order to support Capital Investment activities under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:
 - 1) Design health infrastructure in order to provide FNIHB-supported health programs and services with safe space and equipment required to effectively deliver eligible health programs and services; or
 - 2) Construct or expand health infrastructure in order to provide FNIHB-supported health programs and services with safe space and equipment required to effectively deliver eligible health programs and services; or
 - 3)
 - a) provide/maintain safe spaces and equipment required to effectively deliver eligible FNIHB-supported health programs and services (including renovation projects); or
 - b) support the efficient operation and maintenance of the health infrastructure; or
 - c) minimize the environmental impact of construction and operation activities stemming from FNIHB- supported health infrastructure as well as bringing this health infrastructure into compliance with applicable environmental regulations.

Activities

3. In order to carry out the objectives, the Recipient shall:
 - 1) Conduct activities in accordance with the First Nations Health Facilities and Capital Infrastructure Schedule.

Capital Operations & Management Terms and Conditions, Objectives and Activities

Operation and Maintenance Management Plan

1. The Recipient shall use the funding provided in this Arrangement to undertake operation and maintenance activities for the Capital Facilities in accordance with:
 - 1) The terms and conditions of this Program Plan; or
 - 2) Subject to section 2 of this Program Plan, a written operation and maintenance management plan prepared by the Recipient, in accordance with A Guide for First Nations: Developing and Implementing a Facility Operations and Maintenance Management Plan (the O&M guide), and approved by the Department of Indigenous Services Canada.
2. Where the Recipient prepares an operation and maintenance management plan (“plan”) pursuant to this Program Plan:
 - 1) The Recipient shall submit the plan to the Department of Indigenous Services Canada for approval;
 - 2) Upon approval by the Department of Indigenous Services Canada, and subject to any conditions of approval set out by the Department of Indigenous Services Canada, the plan shall be deemed to supercede sections 3 through 5 of this Program Plan, which sections shall be deemed to be inoperative so long as the Recipient’s plan remains in effect; and
 - 3) The other provisions of this Program Plan shall continue to apply unless altered or amended in accordance with the amendment procedures in the main body of this Arrangement.

Cleaning and Custodial Services

3. The Recipient shall undertake general cleaning and custodial services for all Capital Facilities and their surrounding grounds by personnel who are supplied or contracted by the Recipient, using materials and supplies provided by the Recipient. Such activities shall be carried out in accordance with the O&M Guide, in a manner to be determined by the Recipient and with the view to:
 - a. Adhering to best practices for infection prevention and control; and
 - b. Maintaining Capital Facilities and their surrounding grounds in a high standard of cleanliness. Maintenance, Inspection and Testing Services.

Maintenance, Inspection and Testing Services

4. The Recipient shall undertake maintenance, inspection and testing services for all Capital Facilities by suitably qualified personnel who are supplied or contracted by the Recipient, using materials and supplies provided by the Recipient. Such activities shall be carried out in accordance with the O&M Guide, in a manner to be determined by the Recipient and with the view to:
 - 1) Maintaining the Capital Facilities building systems, life safety systems and associated equipment in proper working order;
 - 2) Maintaining specialized medical equipment in proper working order; and
 - 3) Maintaining the Capital Facilities as safe and secure environments for occupants and visitors.

Environmental and Occupational Health and Safety

5. The Recipient shall, in relation to the Capital Facilities, perform all activities under this Program Plan in a manner which conserves natural resources and respects the physical environment and human health, and shall ensure that:
 - 1) All applicable acts, regulations, codes and/or guidelines related to environmental protection, environmental management and occupational health and safety are followed in the operation and maintenance of Capital Facilities; and
 - 2) Forthwith advise the Department of Indigenous Services Canada in writing and also inform the Regional Director of Capital Assets and Security in relation to:
 - a) any spill or other release of any substance, including heating or other fuels, which could pose a threat to public health, the Capital Facilities or the surrounding environment;
 - b) any environmental condition including, but not limited to, microbial contamination of Capital Facilities which could pose a threat to public health, the Capital Facilities or the surrounding environment; and/or
 - c) any issues identified through maintenance, inspection and/or testing of Capital Facilities as outlined in section 4 of this document, which could pose a threat to human health, the Capital Facilities or the surrounding environment.

Utilities

6. The Recipient shall, in relation to the Capital Facilities, ensure that utilities are supplied to the premises, including fuel or electricity for heating and air conditioning (if applicable) and that all utility bills including any heating, fuel, electric, water and sewage bills are paid.

Minor Repair Activities

7.
 - 1) For the purposes of this Program Plan, the term “Minor Repair” means a repair, maintenance or renovation of a Capital Facility which does not alter any structural components of the facility and which costs less than \$10,000 to complete, including all materials and labour, unless the Department of Indigenous Services Canada agrees in writing to a higher amount. The term “Major Repair” means any repair or maintenance activity which is not a Minor Repair in relation to Capital Facilities.
 - 2) The Recipient shall undertake any necessary Minor Repairs for the Capital Facilities and the systems therein, including, but not limited to, minor carpentry, plumbing, mechanical and electrical repairs and maintenance, provided that the yearly cost of all such Minor Repairs does not exceed [REDACTED], unless Department of Indigenous Services Canada agrees in writing to a higher amount or unless the Recipient is carrying a surplus in its operation and maintenance account, in which case such surplus may be devoted to Minor Repairs.
 - 3) Minor Repairs are to be undertaken according to manufacturer’s instructions and completed in accordance with applicable acts, regulations, codes and/or guidelines, and shall be undertaken on a priority basis where required by sections 4 or 5 of this Program Plan.
 - 4) The Recipient shall, for the purpose of undertaking any Minor Repairs to the Capital Facilities, at all times contract with qualified trade personnel. All required materials and supplies shall be paid for or provided by the Recipient.
 - 5) Major Repairs of any Capital Facilities (where costs are estimated to exceed \$10,000) may be funded by the Department of Indigenous Services Canada and shall only be undertaken upon the authorization of Departmental Indigenous Services Canada. Where funded by the Department of Indigenous Services Canada, Major Repairs shall be planned for according to the Regional Capital Plan and will be subject to and contingent on a separate or amended funding

arrangement being entered into between the Department of Indigenous Services Canada and the Recipient, and subject to an appropriation of funds from Parliament.

- 6) The Recipient shall promptly notify the Department of Indigenous Services Canada in writing in relation to the need for any Major Repairs and any Minor Repairs described in section 4 of this Program Plan which are required for Capital Facilities but which are not undertaken promptly for any reason.

Audit of Capital Facilities

8.

- 1) In view of the capital and operations and maintenance contributions of Health Canada for the Capital Facilities, and to ensure compliance with this Program Plan and the O&M Guide, the Recipient will permit the Department of Indigenous Services Canada to conduct periodic facility audits of any Capital Facilities. Following such an audit, the Department of Indigenous Services Canada may prepare a facility audit report which shall be forwarded to the Recipient and the community if corrective action is required.
- 2) Where any Capital Facilities require Minor Repairs (less than \$10,000) according to a facility audit report prepared by the Department of Indigenous Services Canada, and funding for Minor Repairs has been included in the Arrangement and has not been fully expended by the Recipient, the required repairs shall be undertaken by the Recipient within the time frame (if any) set out in the facility audit report.
- 3) In the event the Recipient fails to undertake Minor Repairs as and when required under subsection (2), the Department of Indigenous Services Canada may arrange for the completion of the repair work and the Recipient shall permit such work or take all steps necessary to facilitate or permit such work. In this case, the costs incurred by the Department of Indigenous Services Canada for the Minor Repairs may be recovered from the funding otherwise payable to the Recipient for operations and maintenance under the Arrangement.

Ingress/Egress

9. The Recipient shall ensure or take steps to ensure that there are rights of ingress and egress and use of areas in and about the Capital Facilities and their lands for the Department of Indigenous Services Canada employees, servants and agents who provide or support the provision of health services from any Capital Facilities.

Security Services Terms and Conditions, Objectives and Activities

Objectives

1. In order to implement the Security Services program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (activities) of this Program Plan to achieve the following objectives:
 - 1) Develop a proposal for Security Services by completing a risk assessment of the health facility and its operation to determine if security services are necessary to maintain the operational capability of the health facility during on-call periods to reduce the risk of personal harm to clients and staff, and damage to the facilities physical infrastructure;
AND (if applicable)
 - 2) Provide support, assistance and security for the health facility, its staff, its clients and its lands, after regular clinic hours, in order to facilitate the provision of health services.

Activities

2. In order to carry out the Objectives, the Recipient shall:
 - 1) Complete a risk assessment of the health facility and its operations which shall:
 - a) identify threats that could reasonably cause personal harm to clients and staff and/or vandalism to the health facilities physical infrastructure during on-call periods;
 - b) assess the vulnerability of the health facilities clients and staff, physical infrastructure and operations to the identified threats, with specific consideration of the health facilities:
 - i. service delivery models;
 - ii. occupancy patterns;
 - iii. zones of risk;
 - iv. existing operational practices;
 - v. existing safeguards; and
 - vi. aboriginal and/or other policing initiatives in the community.
 - c) identify unacceptable risks to the personal safety of clients and staff, and unacceptable risks of vandalism to the health facilities physical infrastructure that could limit the operational capability of the health facility during on-call periods.
AND (if applicable)
 - 2) Prepare a proposal for security services or update an existing proposal that describes potential safeguards to address unacceptable risks identified through the risk assessment of the health facility and its operations. The proposal shall contain:
 - a) a job description for security personnel that identifies roles, responsibilities and hours of work;
 - b) post orders for security personnel that cover foreseeable events that they may encounter, including, but not limited to:
 - i. granting after-hours access to the facility;
 - ii. providing safe access to facility for on-call staff;
 - iii. providing support for on-call staff;
 - iv. responding to duress and/or intrusion alarms; and
 - v. occurrence reporting and/or reporting incidents of criminal activity.
 - c) a description of the approach that will be used to screen security personnel.
 - 3) Upon approval of the proposal for security services by the Department of Indigenous Services Canada and subject to any conditions of approval set out by the Department of Indigenous Services Canada, implement the security services.

Health System Transformation
SYSTEM INTEGRATION

Health Service Integration Fund
Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.

Objectives

2. In order to implement the Health Services Integration Fund (HSIF) Program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) improve First Nations and/or Inuit access to health services through cross-jurisdictional collaborative initiatives;
- 2) improve the integration of federally and provincially funded health programs and services for First Nations;
- 3) adapt the respective territorial or provincial governments' health programs and services to better serve Inuit and/or First Nations;
- 4) integrate traditional First Nations and/or Inuit healing methods and cultural practices into the health system;
- 5) support the collaboration of First Nations and/or Inuit with partners in the planning, delivery and management of health programs and services; and
- 6) build the capacity of Indigenous peoples to control (design, deliver and manage) health programs and services.

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - 1) (list activities)

E-HEALTH INFOSTRUCTURE

Digital Health Infostructure - Solutions

Terms and Conditions, Objectives and Activities

Definitions

“**Digital Health**” refers to the coordinated and integrated use of information and communication technologies to support, manage, and enhance the delivery of health programs and services.

“**Digital Health Solution(s)**” means digital health applications and initiatives and includes the introduction of digital health technology infrastructure including telehealth systems and electronic health information systems, the provision of education and training support for e-Health initiatives, and community planning for all of the above.

"**Digital Health Infostructure**" means the development and adoption of modern systems of information and communications technologies (ICTs) for the purpose of defining, collecting, communicating, managing, disseminating and using data to enable better access, quality and productivity in the health and health care of First Nations.

Objectives

1. In order to implement Digital Health Infostructure (Digital Health Solutions) under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (Activities) of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) identify gaps in health data and service delivery towards an integrated health service capacity and capability for First Nations and seamless integration with provincial electronic health systems;
- 2) greater access to health data for First Nations and health care providers and decision makers;
- 3) increased engagement of key stakeholders in the integration of health services and the creation and maintenance of collaborative and sustainable partnerships;
- 4) increased adoption, effectiveness and efficiency in the use of Digital Health Infostructure applications such as electronic health records and telehealth in order to access services and improve decision-making;
- 5) the establishment of innovative First Nations health governance appropriately integrated with other health systems (e.g., provinces);
- 6) improved First Nations and Inuit capacity to influence and/or control (design, deliver, and manage) health programs and services; and
- 7) increased use of digital health systems that meet provincial and national standards.

Activities

2. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

Program Management, Planning, Governance and Accountability

- 1) establish and implement processes and governance for the creation of digital health strategic plans;
- 2) Produce a digital health strategic plan or framework;

- 3) increase governance capacity and ensure appropriate Digital Health Infostructure governance mechanisms are in place;

Service Provision

- 4) assist in the investigation, analysis and implementation of appropriate Telehealth Services at the community level;
- 5) ensure the efficiency and effectiveness of existing health programs and services;
- 6) investigate and analyse innovative approaches to existing health programs and services;
- 7) investigate and analyse innovative approaches to address gaps in health outcomes and service delivery;
- 8) investigate and analyse sufficient connectivity as a basic requirement for Digital Health Infostructure activities;
- 9) work with First Nations leadership, private sector companies, provincial governments, and other federal entities such as Indigenous and Northern Affairs Canada and Industry Canada to facilitate on-reserve connectivity and the adoption of information and communications technologies;
- 10) collaborate with key partners to improve and expand existing and new value-added services through health infostructure initiatives. These include, but are not limited to, the development of client registries, the integration of services into a comprehensive electronic medical record, and linking on-reserve and provincial health data in a secure, private and culturally appropriate manner;

Capacity Building

- 11) provide or facilitate health professional development for on-reserve First Nations health staff including community health workers, and administrative and support staff on information and communications technologies;
- 12) conduct or support community needs assessments, change management strategies, and new information/information technology management structures;
- 13) facilitate the adoption of new health technologies and their effective use once implemented;

Stakeholder Engagement and Collaboration

- 14) work closely with First Nations leadership, other federal departments and entities, provincial governments, private sector and non-governmental organizations to ensure strategies and program initiatives are inclusive, well-planned, well-run and fully coordinated with other federal, provincial, and First Nation activities;

Public Health Information Systems

- 15) through the Panorama Public Health Surveillance System (or its jurisdictional equivalent), ensure that there is timely, accurate and useful public health and communicable disease surveillance, research and data collection systems for on-reserve First Nations;

Policy Development and Knowledge Sharing

- 16) collaborate with health professionals in on-reserve health facilities who use Digital Health Infostructure equipment, systems and applications to improve the quality of, and access to, health care programs and services for First Nations, community health workers, program managers and administrators, and First Nation community members themselves;

Digital Health Infostructure Special Projects

- 17) (insert activities)

Digital Health Infostructure - Coordinator

Terms and Conditions, Objectives and Activities

Definitions

“**Digital Health**” refers to the coordinated and integrated use of information and communication technologies to support, manage, and enhance the delivery of health programs and services.

“**Digital Health Solution(s)**” means digital health applications and initiatives and includes the introduction of digital health technology infrastructure including telehealth systems and electronic health information systems, the provision of education and training support for digital health initiatives, and community planning for all of the above.

“**Digital Health Infostructure**” means the development and adoption of modern systems of information and communications technologies (ICTs) for the purpose of defining, collecting, communicating, managing, disseminating and using data to enable better access, quality and productivity in the health and health care of First Nations.

Objectives

1. In order to implement Digital Health Infostructure (e-Health Coordinator) under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 2 (Activities) of this Program Plan to achieve the following objectives:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) Facilitate the planning, policy development, governance, project management, organizing, support and evaluation of Digital Health Infostructure in First Nations communities in the _____ region in anticipation of the future implementation of Digital Health Solutions;
- 2) Identify Digital Health Infostructure opportunities within specific First Nations and Inuit communities and help prepare these communities for change associated with the introduction of Digital Health Solutions; and
- 3) Participate in digital health forums involving community, regional and national health stakeholders so as to identify and co-ordinate where possible with these stakeholders in relation to digital health trends and Digital Health Solutions.

Activities

2. In order to carry out the Objectives, the Recipient shall:

****CHOOSE WHICH CLAUSES ARE APPLICABLE AND DELETE THOSE WHICH ARE NOT****

- 1) Hire an e-Health Coordinator who is knowledgeable about digital health matters and who will be responsible for assisting, supporting and promoting the development and implementation of Digital Health Infostructure for First Nations communities within the _____ region.
- 2) Ensure that the e-Health Coordinator:
 - a) participates in the coordination and preparation of meetings with various First Nations organizations and communities regarding Digital Health Infostructure, including the preparation of appropriate documentation for these meetings, and the production and distribution of meeting minutes when required;
 - b) assists in the development and implementation of regular communication and community preparedness strategies with First Nations communities,

- regional/national organizations and committees in relation to their Digital Health Infostructure activities;
- c) provides analysis of digital health issues and/or identification of appropriate e-Health Solutions from the regional First Nations perspective with community, regional, and national stakeholders;
 - d) develops processes for effective information sharing activities, linkages and networking with First Nations regarding Digital Health Infostructure;
 - e) plays an integral role in the discussion, development and/or implementation of regional or national First Nations privacy policies and procedures insofar as they relate to or impact digital health technologies;
 - f) serves as a point of contact within the region for Digital Health Infostructure with the First Nations communities;
 - g) participates in the development and deployment of regional digital health educational/training programs, digital health tools, and regional digital health communication plans; and
 - h) performs Change Management activities at the community level where required, in preparation for the deployment of Digital Health Solutions and applications.

Generic/Project

Terms and Conditions, Objectives and Activities

Provider Qualification

1. Where the Recipient engages the services of a health care provider for the purposes of fulfilling any of the terms and conditions of this Program Plan, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.

Objectives

2. In order to implement the Generic / Project Program under the terms and conditions of this Arrangement, the Recipient shall carry out the activities set out in section 3 (Activities) of this Program Plan to achieve the following objectives:

(list program objectives)

Activities

3. In order to carry out the Objectives, the Recipient shall:
 - (1) (list program activities)