



My Plan

What is My Plan?

- My Plan the planning approach that LTCS uses to assist participants to plan for the things they want to do and achieve, and the assistance and support they need
- My Plan puts participants at the centre of planning and supports participant choice
- My Plan aims to promote a working in partnership with the participant, their family, LTCS and service providers to support participants to plan their participation in life at home and in their community
- My Plan is modular to allow a flexible approach to assessment and planning. It includes a series of modules across 3 phases – Engage, Assess and Plan

ENGAGE

- E1 General Information
- E2 Your lifestyle before your injury
- E3 Supports before your injury

ASSESS

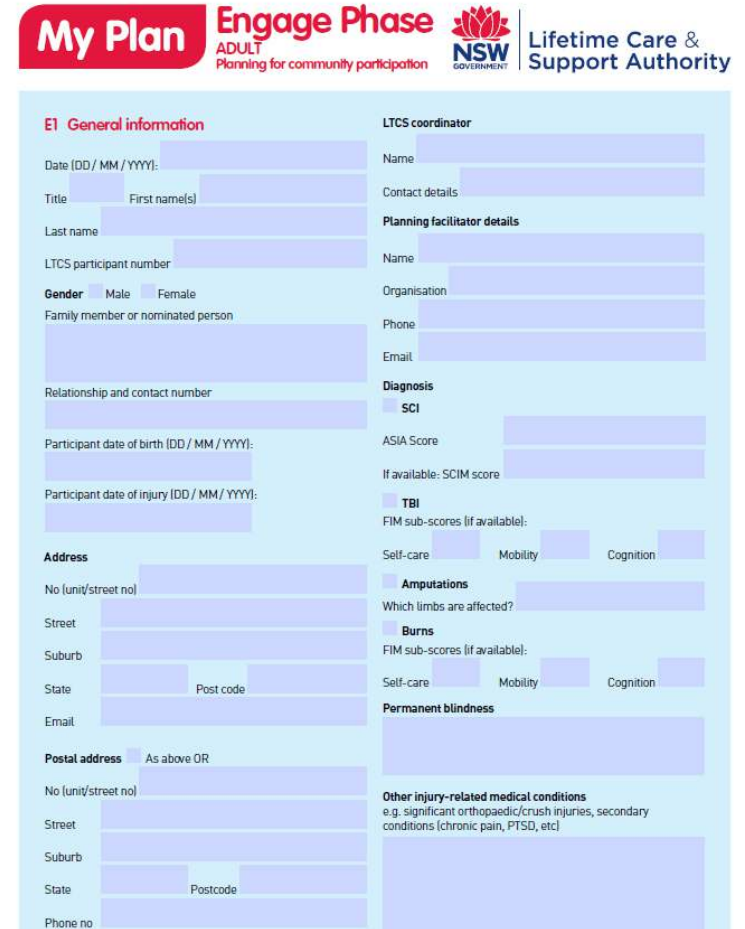
- A1 Previous assessments
- A2 Pending assessments
- A3 Current living arrangements
- A4 Thinking about you
- A5 Activities and participation
- A6 Personal considerations
- A7 Well-being and quality of life
- A8 Formal and informal supports
 - A8.1 Summary of current formal supports (funded by LTCS)
 - A8.2 Summary of current formal supports (funded by other organisations)
 - A8.3 Summary of current informal supports

PLAN

- P1 Planning
 - Reflection (strengths, therapy, goals, supports)
 - Goals for the next plan period
 - Declaration
- P2 Request for funding approval

My Plan Toolkit

- 5 eLearning modules available in Lifetime Learning LMS for service providers
- My Plan information sheet (for participants and families)
- My Plan Booklet (for participants and families)
- My Plan Planning Facilitators Manual
- My Plan forms (adult and child versions)



My Plan Engage Phase
ADULT
Planning for community participation

NSW GOVERNMENT | Lifetime Care & Support Authority

E1 General information

Date (DD / MM / YYYY): [text field]
Title [text field] First name(s) [text field]
Last name [text field]
LTCS participant number [text field]

Gender Male Female
Family member or nominated person [text field]
Relationship and contact number [text field]

Participant date of birth (DD / MM / YYYY): [text field]
Participant date of injury (DD / MM / YYYY): [text field]

Address
No (unit/street no) [text field]
Street [text field]
Suburb [text field]
State [text field] Post code [text field]
Email [text field]

Postal address As above OR
No (unit/street no) [text field]
Street [text field]
Suburb [text field]
State [text field] Postcode [text field]
Phone no [text field]

LTCS coordinator
Name [text field]
Contact details [text field]

Planning facilitator details
Name [text field]
Organisation [text field]
Phone [text field]
Email [text field]

Diagnosis
 SCI
ASIA Score [text field]
If available: SCIM score [text field]

TBI
FIM sub-scores (if available):
Self-care [text field] Mobility [text field] Cognition [text field]

Amputations
Which limbs are affected? [text field]

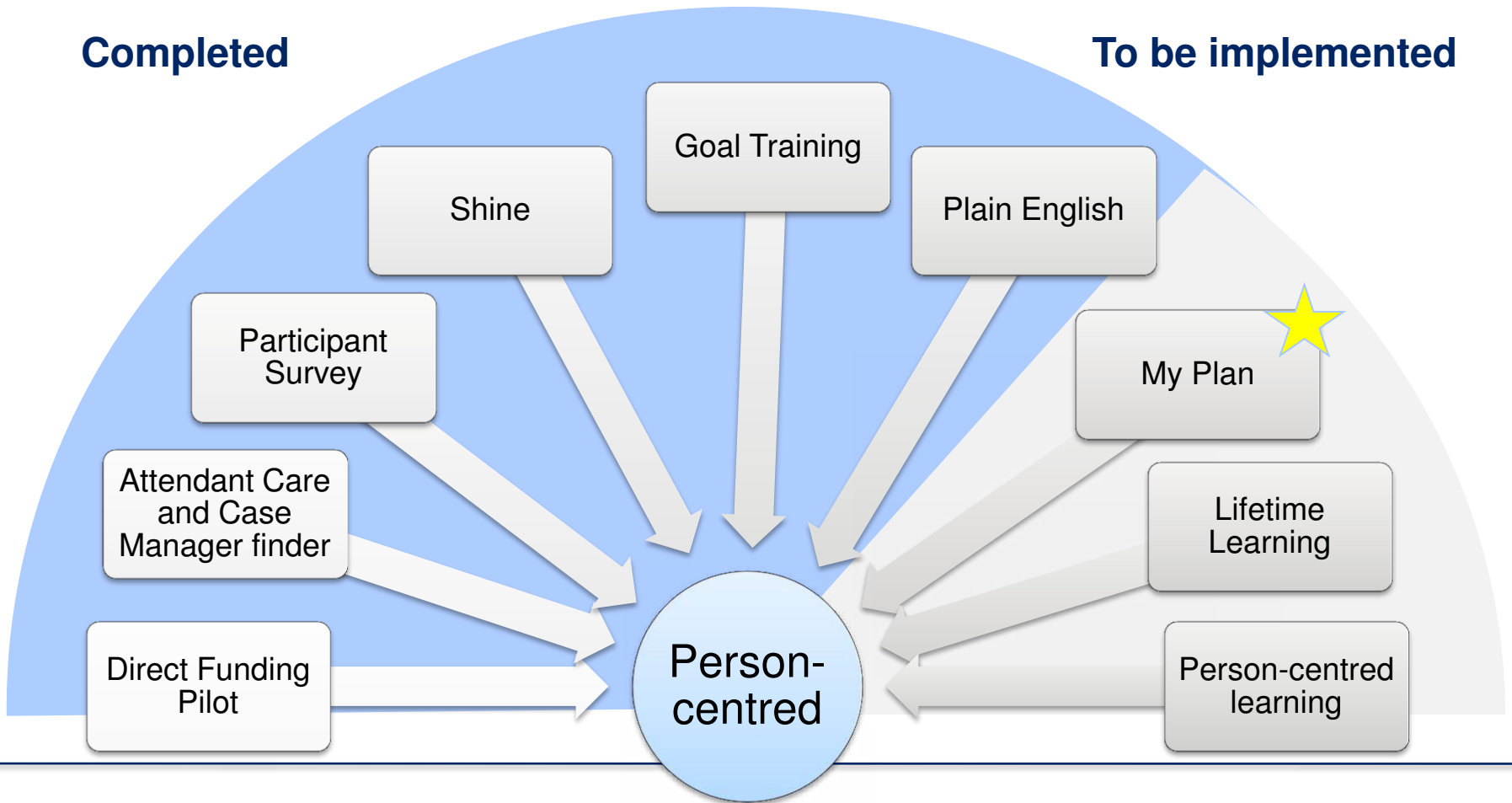
Burns
FIM sub-scores (if available):
Self-care [text field] Mobility [text field] Cognition [text field]

Permanent blindness
[text field]

Other injury-related medical conditions
e.g. significant orthopaedic/crush injuries, secondary conditions (chronic pain, PTSD, etc)
[text field]

Completed

To be implemented



STRUCTURAL REFORMS 2015

OPERATION

INSURANCE & CARE NSW



* SICorp includes the Treasury Managed Fund, the Emergency and Rescue Workers Compensation Fund, the Bush Fire Fighters Compensation Fund, the Home Building Compensation Fund and the Construction Risk Insurance Fund.

REGULATION

DEPARTMENT OF FINANCE, SERVICES AND INNOVATION

STATE INSURANCE REGULATORY AUTHORITY (SIRA)

