

## My Plan – Information for participants and families

### What is My Plan?

My Plan refers to how Lifetime Care works with you to plan for the things you want to do, and the assistance and support you need. It is the planning tool used by Lifetime Care to help you identify and document:

- what is important to you
- what you want to do and achieve (your goals)
- what you can do to work towards achieving your goals
- what support or services you might need to reach your goals. These services might be paid services (e.g. physiotherapy) or they might be supports already available in your family or community
- your request for Lifetime Care to fund services related to your goals.

A case manager may assist you to develop your Plan. This might be a case manager from Lifetime Care or who is funded by Lifetime Care to provide this service.

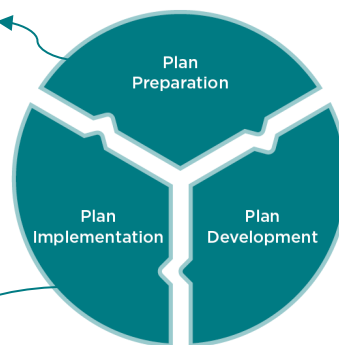
Importantly, My Plan is your plan. Experience and feedback show that the more involved you are in developing your plan, the better your outcomes will be.

### What does My Plan involve?

Your case manager or Lifetime Care contact is available to guide you through the development and implementation of your plan. They can support you through the three main phases of the My Plan cycle:

Getting ready to develop your plan:

- reflecting on how things are going
- thinking about what your aspirations and goals are
- thinking about how you can achieve your goals



Working with your case manager to present your goals and aspirations in a written plan. This includes what you both feel you'll need to do and what support you might need from others to achieve your goals

Making it all happen – engaging services you need and monitoring your progress

**Plan Preparation:** you and your family will be encouraged to **think** about the services and supports you've been receiving, what progress you've made and what your future aspirations and next steps are. You'll be invited to start thinking about what you would like to include in your next plan.

During this time, your case manager will gather feedback from the various service providers and supports that you've been working with. The case manager will share this with you so that you can make well informed decisions about your goals and strategies for your next plan.

Your case manager may provide you with a prompt sheet to help you think about specific aspects of your situation and your progress, or you can download the TEMPLATE Plan Preparation Tool from the icare website which includes a series of standard questions to promote self-reflection.

**Plan Development** will usually happen in a face-to-face meeting with your case manager where you **write** your plan. You can both share what you have learned from your Plan Preparation. You will talk about your aspirations for the future, and what specific goals you would like to include in the next plan. Your case manager may have some ideas too, and you can talk about these and come up with some agreed goals.

Plan Development also includes the steps you will take to achieve your goals, and any other services or supports you might need to help you achieve your goals.

It's a great idea to have a look at the My Plan form before you meet with your case manager so that you can be as prepared as possible for your Plan Development meeting. You may even like to start writing all or some of the plan yourself; and talk about what you have come up with, with your case manager. A copy of the My Plan template is on the icare website, or your case manager can give you a copy.

Your case manager will assist in submitting a request to Lifetime Care for any funding you need for the services identified in your plan.

**Plan Implementation** involves engaging service providers, **doing** what you said you would do to achieve your goals, and monitoring how things are going across the plan period. Sometimes goals and strategies will need to be modified along the way, and new services may need to be added.

During your plan development, you and your case manager will decide who will take responsibility for what actions throughout the plan. Your case manager will be actively encouraging you to do as much for yourself as you can so that you become as independent as possible.

Towards the end of the plan period, you will start reflecting on your progress – and the process of Plan Preparation for the next plan cycle begins.

It's important that you are as involved as you can be in developing and carrying out your plan. We have received lots of feedback from other participants in Lifetime Care that they get the most out of their rehabilitation, and they gain the most in terms of quality of life, if they are actively engaged in their planning cycle

## Why is planning important?

Planning helps to ensure everyone involved in your recovery, rehabilitation and return to living your life your way is focused on supporting you to do the things that you have said are important.

Planning helps you to think beyond your immediate recovery so you don't miss the chance to work on longer term goals. Talking through planning with someone else that knows your injury and hears your story can help build your understanding of all the different ways you might be able to maximise your recovery and achieve your best quality of life.

Planning helps you track your progress. As you assess your achievement of goals, you can also decide which services and supports are most useful, and any you feel you need to change.

Planning is also required to let Lifetime Care know what you are working towards and what services or supports you feel you need to help achieve those goals. This then enables Lifetime Care to make decisions about paying for the services that you are requesting. Your plan may include supports which are not funded by Lifetime Care, but you should still include these if they are important to your goals. Your case manager can assist you to work out where you can seek support for things not funded by Lifetime Care.

## **When does planning happen?**

Usually, you will start developing your first plan a few months after you leave hospital. Your case manager will work with you to reflect on how the services you are receiving are supporting you, what your aims are for the future, and what other considerations you might want to include in your plan.

You will decide together how long your plan will go for. Your first plan might be for 4 or 6 months. Your next plan might be for a longer period. Often plans go for a year but can go up to two years.

## **What should my plan focus on?**

Your plan should be about what is important to you at that time, both in terms of how you see the future, but also what you want to focus on in the next few months.

In the early months or years after your injury, the focus of your plan will usually be on recovery and rehabilitation. As you progress, treatment and therapy may continue, but you will also begin to plan your activities and participation in life at home and in the community. It is common for the focus of planning to change over time as you adapt to possible changes in your life after serious injury.

## **What if I don't have a goal or don't want to be involved?**

Working out goals and a plan might be a new experience for you. Your case manager will help you prepare for planning by providing you with some things to think about. They will also guide you through developing your plan and can help by suggesting some goals that you might like to include.

You'll have the opportunity to have a number of conversations with the case manager to make sure you've thought about your options and you're comfortable with what you're doing.

Some people don't feel ready or interested in planning. That's OK – the level of involvement you have in Plan Development is also a choice that you can make. Services being requested for funding still need to be justified in a plan, and your case manager can provide a plan on your behalf. Just remember, the experience of others is that greater involvement from you = greater progress.

## **What if I need services that aren't in my plan?**

It's quite common for service needs to arise during a plan period that aren't included in your plan, especially in the early years following your injury. Sometimes this will be a new service, or sometimes a change to the type or amount of service approved in your plan. If your goals or perceived service needs change, talk to your case manager or Lifetime Care contact. They can submit a request for additional services during the My Plan period.

If services are added during the plan period, it's important to remember this when you come to the next Plan Preparation cycle. You'll need to reflect on the effectiveness of these services as well as those that were originally included in your plan.

## What if I no longer need a My Plan?

People who are further down the track from their injury may no longer require a My Plan. This doesn't mean that they no longer require funded services, but their needs are stable, and they may only require routine services or occasional services. People without a case manager can speak to their Lifetime Care contact directly if they need services and don't have a My Plan.

## Where can I learn more?

The icare website has lots of information sheets and forms that have been written for participants and their families. You can also speak with your case manager or your contact person at Lifetime Care.

[www.icare.nsw.gov.au](http://www.icare.nsw.gov.au)

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