# Approved Case Manager Application Form

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| **Note** |
| Due to recent changes to icare’s Care Service Delivery Model, from March 2019 some Scheme participants will have case management services delivered by icare staff. This applies particularly to participants in Phase 3 (see attachment 1).  Applicants for the approved case manager role are advised that icare’s need for external case managers is expected to gradually reduce in the coming months and years, initially for participants in Phase 3 as our service delivery model is fully implemented.  The process for approving case managers is also changing, and you may be required to re-apply  in the near future, as we explore our options for specialty service provision and regional service provision. |

**Please email your completed application including the following required forms to casemanagement@icare.nsw.gov.au.**

**Your application will not be processed until all documentation is received.**

|  |  |
| --- | --- |
| Private practitioners | NSW Government employees |
| Approved case manager (Lifetime Care) Terms of Approval – signed | Approved case manager (Lifetime Care) Terms of Approval – signed |
| Your current Curriculum Vitae (CV) | You current Curriculum Vitae (CV) |
| Working with Children Check certificate if you have nominated to work with children (ie under 18 years) | Working with Children Check certificate if you have nominated to work with children (ie under 18 years) |
| Proof of your professional indemnity insurance cover |  |
| Police Check certificate completed within the past five years |  |

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| Part 1 - Application |
| Your name |
|  |

Please describe your current and recent past work experience and how it is relevant to the provision of case management services to participants of the Lifetime Care and Support Scheme who are in the Continued Recovery and Participation phases (see Attachment 1) for the areas you nominate below. You should have at least 5 years full time (or equivalent) work experience working with one or more disability groups covered by the Scheme and you must be able to demonstrate skills for working with any nominated group.

**NB: A current CV outlining qualifications and work experience must be attached for your application to be processed.**

**Please nominate at least one group below**

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| **Acquired brain injury rehabilitation case management** |
| Outline relevant experience which demonstrates your ability to provide person-centred, rehabilitation case management services to people who have traumatic brain injuries (200 words max) |
|  |
| **Spinal cord injury rehabilitation case management** |
| Outline relevant experience which demonstrates your ability to provide person-centred, rehabilitation case management services to people who have spinal cord injuries (200 words max) |
|  |
| **Other (vision impairment, amputations, burns) rehabilitation case management** |
| Outline relevant experience which demonstrates your ability to provide rehabilitation case management services to people who one or more of these injuries (200 words max) |
|  |

**Please also nominate any specialist skills you can offer**

|  |
| --- |
| **Working with children (15 years and under)** |
| Outline relevant experience which demonstrates your ability to provide case management for seriously injured children (200 words max) |
|  |
| Describe what specialist skills are required when providing case management to children (200 words max) |
|  |
| **Working with young people transitioning to adulthood** |
| Outline relevant experience which demonstrates your ability to provide case management for young people with severe disability transitioning to adulthood (200 words max) |
|  |
| Describe what specialist skills are required when providing case management to young people transitioning to adulthood (200 words max) |
|  |
| **Working with people with mental health conditions** |
| Outline relevant experience which demonstrates your ability to provide case management services to people who have mental health conditions (200 words max) |
|  |
| Describe what specialist case management skills required when providing case management for people with primary and/or secondary mental health conditions (200 words max) |
|  |
| **Working with people with challenging behaviours** |
| Outline relevant experience which demonstrates your ability to provide case management services to people who have challenging behaviours (200 words max) |
|  |
| Describe what specialist skills/ways of working are required when providing case management to people with behaviours that challenge (200 words max) |
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**Please nominate 1 referee Lifetime Care can speak with regarding your experience and capabilities in providing case management services.**

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| --- | --- | --- |
| Name | Position | Contact telephone number/s |
|  |  |  |

## Part 2 – Business details

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred name** | | **Name of business/organisation** | |
|  | |  | |
| **Business address** – \_street address if you have commercial business premises that clients can visit (NB this location will be shown on the Case Manager Finder on the icare website) | | | |
|  | | | |
| **Business location** – \_name of suburb/town you will be claiming any travel from (NB this location will be shown on the Case Manager Finder on the icare website) | | | |
|  | | | |
| **Landline phone number** | **Mobile phone number** | | **Fax** |
|  |  | |  |
| Email address (for referrals – this will appear on the Case Manager Finder) | | Email address (for communications from icare)  if different from above | |
|  | |  | |
| Website link | | | |
|  | | | |
| Name, email and phone number of business manager or owner – i.e. person for Lifetime Care to contact in the event performance issues need to be discussed | | | |
|  | | | |

Please provide details of your working hours. **It is expected that case managers will be available at least 4 days per week for participants requiring intensive case management services.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I work in a full-time capacity | | | | |
| I work part-time\*, and my hours are as follows (please use 0:00am – 0:00pm) | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| If you work part time hours; at times when you are not available, what strategies will you have in place to ensure participants are supported? | | | | |
|  | | | | |
| Are you able to deliver case management services in a language other than English? | | | | |
| Yes  No | | | | |
| If ‘Yes’, which languages? | | | | |
|  | | | | |
| In 300 words or less, please provide a summary of your case management service for inclusion on the Case Management Finder. (private providers only) Please refer to Attachment 2 for guidance on writing this summary to meet icare’s website requirements | | | | |
|  | | | | |

**Please nominate all areas outside of your own council/shire that you are willing to travel to, to deliver case management services**

**EITHER** select the State or LGAs or Councils/Shires

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State** | **LGA** | **Councils/Shires** | | |
| NSW | Central west | Bathurst | Dubbo (Western Plains) | Oberon |
| Bland | Forbes | Orange |
| Blayney | Lachlan | Parkes |
| Cabonne | Lithgow | Weddin |
| Cowra | Mid-western |  |
|  | Far west | Broken Hill | Central Darling | Unincorporated NSW |
|  | Hunter | Cessnock | Mid-Coast | Port Stephens |
| Dungog | Muswellbrook | Singleton |
| Lake Macquarie | Newcastle | Upper Hunter |
| Maitland |  |  |
|  | Illawarra | Kiama | Shoalhaven | Wollongong |
| Shellharbour | Wingecarribee |  |
|  | Mid north coast | Bellingen | Coffs Harbour | Nambucca |
| Clarence Valley | Kempsey | Port Macquarie-Hastings |
|  | Murray | Albury | Edward River | Murray River |
| Balranald | Federation | Snowy Valleys |
| Berrigan | Greater Hume | Wentworth |
|  | Murrumbidgee | Carrathool | Hay | Murrumbidgee |
| Coolamon | Junee | Narrandera |
| Griffith | Leeton | Temora |
| Gundagai | Lockhart | Wagga Wagga |
|  | North western | Bogan | Coonamble | Walgett |
| Bourke | Gilgandra | Warren |
| Brewarrina | Narromine | Warrumbungle |
| Cobar |  |  |
|  | Northern | Armidale Region | Inverell | Tamworth Regional |
| Glen Innes Severn | Liverpool Plains | Tenterfield |
| Gunnedah | Moree Plains | Uralla |
| Gwydir | Narrabri | Walcha |
|  | Richmond tweed | Ballina | Kyogle | Richmond Valley |
| Byron | Lismore | Tweed |
|  | South eastern | Bega Valley | Hilltops (incl Young) | Upper Lachlan |
| Eurobodalla | Queanbeyan-Palerang | Yass Valley |
| Goulburn Mulwaree | Snowy Monaro |  |
|  | Sydney inner | Botany Bay | Inner West | Strathfield |
| Burwood | Lane Cove | Sydney |
| Canada Bay | Mosman | Waverley |
| Canterbury Bankstown | North Sydney | Willoughby |
| Georges River | Randwick | Woollahra |
| Hunters Hill | Rockdale |  |
|  | Sydney outer | Blacktown | Ku-ring-gai | Penrith |
| Camden | Hornsby | Ryde |
| Campbelltown | Liverpool | Sutherland |
| Cumberland | Northern Beaches | The Hills |
| Fairfield | Parramatta |  |
|  | Sydney surrounds | Blue Mountains | Hawkesbury | Wollondilly |
| Central Coast |

**Outside NSW – select State/Territory OR LGAs**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACT** | **QLD** | **VIC** | **SA** |
| ACT | All of QLD | All of VIC | All of SA |
| Central QLD | Central Highlands and Goldfields | Central |
| Central West QLD | Gippsland | Eyre Peninsula |
| Far North QLD | Goulburn Valley | Metropolitan Adelaide |
| North QLD | Inner Melbourne | Murray Mallee |
| North West QLD | Metropolitan Melbourne | Outback |
| South East QLD | Northeast | Southeast |
| South West QLD | Outer Metropolitan | Southern and Hills |
| Wide Bay – Burnett | Southwest | Unincorporated SA |
|  | The Mallee | Central |
|  | Unincorporated Vic | Eyre Peninsula |
|  | Western District | Metropolitan Adelaide |
|  | Wimmera |  |

NB: Approved case manager (Lifetime Care) status is only compulsory for service providers within NSW and ACT. It is optional for case managers located in and delivering services within other states.

### Part 3

By submitting this application and signing the Terms of Approval, you acknowledge that being accepted as an Approved Case Manager (Lifetime Care) does not guarantee referrals for case management of Scheme participants. Marketing of services to referrers remains the responsibility of the individual service provider.

Should you be successful in your application as an Approved Case Manager (Lifetime Care) your name and work details will be placed on a data base that is available to participants and their families, icare staff and service providers via the icare website. (Private providers only) Thank you for your time in completing this application form.

Please ensure you have attached the following completed forms/information to this application and email to: casemanagement@icare.nsw.gov.au

|  |  |
| --- | --- |
| **New Private Practitioners** | **New NSW Government Employees** |
| Approved case manager (Lifetime Care) Terms of Approval | Approved case manager (Lifetime Care) Terms of Approval |
| Proof of your professional indemnity insurance cover | WWCC certificate if you have nominated to work with people under 18years |
| Your current CV |  |
| WWCC certificate if you have nominated to work with people under 18 years |  |
| Police Check certificate completed within the past 5 years |  |

Further enquiries can be made to:

**The Case Management Team**

[casemanagement@icare.nsw.gov.au](mailto:casemanagement@icare.nsw.gov.au)

## Attachment 1 - Scope of Service Provision

Lifetime Care recognises that different case management actions and skills are required at different times across the Focus for Participation continuum.

External case managers are engaged for their expertise in supporting participants during the continued recovery and participation phases.

## Key requirements of case management

Well-developed knowledge, practical experience and skills in:

* Acute, post-acute recovery following severe injury
* Providing guidance & support using a person-centred approach
* Holistic assessment of the participant’s situation and their needs
* Person-centred planning and SMART goals including objectively evaluating outcomes
* Establishing, coordinating and monitoring multi-disciplinary community-based rehabilitation programmes, which focus on participation
* Enabling risk tolerance, personal control and engagement in life roles and applying safeguarding principles
* Facilitating and navigating community-based formal and informal participant support networks
* Skilled monitoring to continually evaluate functioning, environment, and behaviour, including for early detection of secondary health conditions, e.g. mental health.
* Promoting and supporting development of the participant’s independence through self -advocacy and self -management   
  as appropriate
* Managing documentation between stakeholders in a timely manner

## Attachment 2 - Case Management Service Description

Please provide a statement about yourself, your service and/or your business for inclusion on the Case Manager Finder.

The statement will begin with About [Delia]

**Please follow these rules to complete your statement:**

* Use first-person language – “I am…”, “I have…”
* Maximum 300 words
* No acronyms for disabilities or professions (state acronyms such as NSW are OK)
* Avoid capitalising names of professions, roles and disabilities – eg. use case manager, occupational therapist and spinal cord injury
* Reference to Lifetime Care is to be written as Lifetime Care or Workers Care Program or icare if referring to the bigger organisation (not LTCS, not the Scheme or the Authority, not   
  icare Lifetime Care)
* No names of past employers
* Avoid years of experience if this will become out of date (eg Delia has worked as a case manager for the past 15 years.)
* While not a requirement, it is worth knowing that your audience is often interested to know your professional background (eg. registered nurse, physiotherapist, disability worker)
* Do not include regions that you cover or lists of specialty disability services – these are built into the search-by-location and filter-by-specialty features of the data base.

Your audience is participants, their families, discharging treating teams, health professionals, other case managers and icare employees. While some degree of personalisation is good, this is a professional data base on the icare website, so we cannot include your logos, photographs or any unprofessional, subjective language. The CMF does provide the opportunity to link to your own website, the content and style of which is up to you.

If you would like to provide a statement about yourself as an individual, and/or the business you work for, please ensure there is a maximum of 300 words for the combined statement.

Presentation on the web page will be as follows:

**About Delia**

“I am…

**About Excite Rehab**

“Excite Rehab is… or “We are….

Note that the web-link may provide a better opportunity to promote the business that you work for, particularly in terms of the range of other services offered.

Please note:

* We may include some additional information such as languages you have nominated or phases on the Focus for Participation Continuum you are best suited to at the end of your statement. These will be taken from your application form and from our assessment of your suitability for service provision to our participants.
* You may choose not to provide a service description for use on the Case Manager Finder. Please be advised that we will not construct one for you, and your page on the CMF will therefore contain only your name and contact details.