

Workers Care Information Pack

This information pack has been compiled to provide easy access to the most used Workers Care information sheets and forms. The pack has been formatted to allow for downloading and printing as needed to support workers and their families understand and interact with Workers Care. The individual parts of this pack are also available on the icare website.

Please remember to check the website for updated versions of this pack as they are revised from time to time.

The pack includes the following information sheets and forms:

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Workers Care Program

Welcome to the icare Workers Care Program

Workers Care is an icare initiative to provide the best possible support to workers with severe injuries.

In 2015, the NSW Government made some changes to the NSW Workers Compensation Scheme. This included starting Insurance and Care NSW (icare) to deliver the State's insurance and care schemes. icare acts for the Workers Compensation Nominal Insurer.

icare has started Workers Care to improve the way treatment and care services are delivered to workers with severe injuries.

Who can be part of Workers Care?

To receive support from Workers Care, you must have an accepted NSW workers compensation claim and your injury must meet specific severe injury criteria.

Injuries that meet our severe injury criteria include:

- moderate to severe brain injury
- spinal cord injury
- multiple amputations or specific unilateral amputations
- full thickness burns
- permanent blindness

How will Workers Care benefit me?

We will:

- provide specialised treatment and care services, including a planning process to make sure that you are receiving the best, most appropriate, and most current care available
- provide consistent quality of treatment and care, giving you access to the same range and quality of services as people who are severely injured in motor accidents
- focus on injury management and improved quality of life at home, work, and in the community

What does Workers Care provide?

Workers Care manages your treatment and care services. This is done in accordance with NSW workers' compensation legislation. Your employer's workers compensation insurance agent will continue to manage your weekly payments and all other types of compensation.

We manage and pay for reasonably necessary treatment and care to meet needs related to your workplace injury. Services may include:

- medical treatment such as hospital stays and doctor's appointments
- rehabilitation such as physiotherapy, occupational therapy, and speech therapy
- aids and equipment such as wheelchairs
- home and vehicle modifications such as ramps and bathroom rails

- attendant care services including personal care, domestic assistance, and registered nursing
- workplace rehabilitation including return to work programs and modifications

All services, apart from your immediate treatment following your injury, require pre-approval by us. Your case manager will work with you to submit the required information whenever you make a claim for treatment and care. Information sheet *WO4: What is reasonably necessary treatment and care?* has details on what reasonably necessary means in the workers compensation scheme.

Who will I be working with?

You will be given the details of a Workers Care contact, who will be your main point of contact with Workers Care. You will always have a contact while you are part of the program. They will work with you, your family, service providers, and others who are involved in your treatment and care.

In the early stages after your injury you may also have a case manager who will be your day-to-day contact person for your treatment and care. Your case manager will work with you, your Workers Care contact, and your service providers to help manage your treatment and care needs. Information sheet *WO3: What is the role of your Workers Care contact and your case manager?* has further details.

How long will I be in Workers Care?

You have been accepted into the program for an initial period of two years. This means that we will manage your treatment and care services for two years. Towards the end of the two years your injury will be reassessed to determine if:

- we will continue to manage your treatment and care for the duration of your claim
- the management of your treatment care will return to your employer's workers compensation insurance agent (who manages all your weekly compensation payments and entitlements)

What happens when I leave hospital?

While you are in hospital your treating team will work with you to develop a treatment plan and provide you with treatment and rehabilitation services. Before you leave hospital your treating team will work with you to identify the treatment and care services you need in the first 16 weeks after you leave hospital. These services will be requested on a discharge service notification form. The treating team will also refer you to appropriate service providers.

If you need help to perform tasks you can no longer do as a result of your workplace accident injuries, the team will work with you to assess your care needs and put in a request for attendant care. Attendant care services include personal care, domestic assistance, and registered nursing. These services must be pre-approved by us.

What about ongoing treatment and care?

Before the end of the 16 weeks your case manager will work with you and your service providers to develop a plan to help identify and achieve your treatment and care goals, including options for returning to work.

It is important to obtain approval from us before any services are organised. Your case manager will involve you in preparing and submitting the request on behalf of you and your service providers or you can submit a request yourself.

We will notify you of our decision about whether we can fund the requested treatment and care services. Information sheet *WO5: How to request treatment and care services* has more information on requesting services.



Workers Care Program
GPO Box 4052, Sydney, NSW 2001
General Phone Enquiries: 1300 738 586
Email: care-requests@icare.nsw.gov.au
www.icare.nsw.gov.au

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Workers Care Program

What is the role of your Workers Care contact and your case manager?

There are many people involved in your treatment and care following a workplace accident. Your Workers Care contact and case manager will work closely together to support you, but they have different roles which vary depending on your circumstances.

Workers Care Contact

Workers Care contacts come from a range of health, disability, and vocational backgrounds. They have skills and experience working with people with severe injuries.

A Workers Care contact will be allocated to work with you, your family, service providers, and others who are involved in your treatment and care. You will always have a Workers Care contact.

Your Workers Care contact will:

- keep in contact with you to monitor your progress through phone calls to you and your family and occasional home visits as required
- help you, your family, and service providers understand Workers Care and what we can pay for
- help you, your family, and service providers understand the processes for working with us and make sure all requests for services are submitted to us correctly
- make sure invoices submitted to us from your service providers are processed for payment
- help you access services when you no longer require a case manager

Information sheet *W04: What is reasonably necessary treatment and care?* has more details on what we will pay for.

Case managers

In the early stages after your injury, and during times of transition (for example, when you change work or living arrangements), you may have a case manager to work with you, your family, and service providers to develop and oversee your treatment and care plans.

There are two types of Case Managers who may support you depending on your circumstances and needs:

1. A case manager who is employed by icare and is called a **Rehabilitation Case Manager** or a **Community Living Facilitator**. This person will be your main point of contact within Workers Care and will assist you with all aspects of your treatment, rehabilitation, and care
2. A case manager who is not employed by icare and is called an **External Case Manager**, and who is approved and **funded** by Workers Care to assist you with all aspects of your treatment, rehabilitation, and care. If you require an External Case Manager you will also be allocated a Workers Care Coordinator who will be your main point of contact at Workers Care and who will work closely with your case manager to support you.

Case managers are chosen for their skills and experience in working with people with severe injuries. Your

case manager may work at a hospital, health, or disability service, with a private rehabilitation company, or be a Workers Care staff member. Where your case manager is a Workers Care staff member they are also your Workers Care contact.

Your case manager will:

- be the main person who will keep in touch with you, your Workers Care contact (where applicable), and service providers
- develop and maintain effective working relationships with you, your family, and service providers. This may include face-to-face meetings, team meetings, and phone calls
- work with you and your service providers to identify your goals and your injury-related needs
- select the most appropriate service providers to meet your goals
- develop requests for services with service providers
- submit requests for services to us
- notify service providers of our decision on any request for services
- monitor the services you are receiving to make sure they are delivered according to the Workers Care approval (for example, correct amount of services)
- review your progress towards your goals and work with you to adjust your goals and submit requests for new services when they are needed
- in some circumstances, help you negotiate with other agencies such as NSW Housing or Centrelink

Your case manager is not responsible for:

- helping solicitors or insurers to fulfil their duties. Any requests from them should be directed to your Workers Care contact
- acting as an advocate on your behalf to protect and promote your rights and interests, though they can tell you where to access advocacy services
- managing your day-to-day life needs such as services that are not treatment or care

What if I do not need a case manager?

As your injury-related needs stabilise you may no longer need a case manager. You may notice this, or your case manager will recognise when you no longer need their services. Your case manager will help you to prepare for this change. Once you no longer require a case manager, a Workers Care contact will be assigned to you as your main point of contact for your treatment and care needs. If at any time you feel that you need the help of a case manager, you can talk to your Workers Care contact.

Who should I usually contact: case manager or Workers Care contact?

Who to contact depends on the situation:

- for general treatment and care matters contact your case manager
- if you do not have a case manager contact your Workers Care contact
- if you have concerns about your treatment or care services or about the Workers Care Program contact either your case manager or Workers Care contact first.
- After trying the options above, if you want to make a complaint about your treatment, rehabilitation, or care, you should contact the Scheme Integration and Resolution Team on 1300 738 586. Information sheet *W10: Your feedback – Tell us what you think* has details on providing feedback and complaints.



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Workers Care Program

What is reasonably necessary treatment and care?

What does reasonably necessary mean?

The workers compensation guidelines outline what is reasonably necessary treatment and care for your workplace injury. Treatment and care includes services, products, and equipment. Workers Care reviews each claim for treatment and care to make sure claims meet measures outlined in the *Workers Compensation Act 1987*.

Workers Care considers the following information when reviewing a request for reasonably necessary treatment and care:

- **Injury related.** How is the treatment related to your workplace injury? We can only fund treatment and care that directly relates to your workplace injury.
- **Appropriateness of the particular treatment for you.** How does it help you with your goals for improved functioning and participation in daily life? Does it fit with your medical or rehabilitation management? Is it consistent with other services being provided? Is it safe for you to use? Is it something you are happy to use?
- **The cost of treatment.** Is the treatment and care cost effective? This could include thinking about your change of circumstances over time, changes in technology, whether equipment or care is more suitable, and hire versus purchase of equipment
- **Effectiveness.** The actual or potential effectiveness of the treatment. How will it benefit you? What is the medical evidence that supports using the treatment or care? How will it fit into your recovery and management plan?
- **Alternatives.** Are there other treatments available? Are they likely to give better results than the ones previously provided? Are providers available to offer that treatment or care?
- **Acceptable practice.** Is the treatment considered to be effective and reasonable by medical experts?

Each request or claim is considered on a case-by-case basis. What is determined reasonably necessary for one worker may not be considered reasonably necessary for another worker with a similar injury.

What does Workers Care pay for?

Workers Care pays for treatment and care when it is related to the workplace injury. Services Workers Care can fund include:

- medical treatment such as hospital stays and doctor's appointments
- rehabilitation treatments such as physiotherapy, occupational therapy, or speech therapy
- aids, equipment, and assistive technology such as wheelchairs
- home modifications such as ramps or bathroom rails
- vehicle modifications such as hand controls or mirrors
- attendant care services, including personal care, domestic assistance, and registered nursing
- workplace rehabilitation services, including return to work programs and workplace modifications

What does Workers Care *not* pay for?

Examples of services and items Workers Care cannot pay for include:

- services for injuries or medical conditions you had before your workplace accident, unless you were suffering from a previous disease that was made worse as a result of your workplace incident (Medical evidence to support this would be required)
- general household items such as standard furniture, linen, household appliances, or accommodation costs (for example rent or bond on rental properties)
- treatment, rehabilitation, medical services, equipment, and modifications not related to your workplace injury
- extra expenses in hospital or rehabilitation, such as additional food, newspapers, television, or magazines
- treatment and care services for members of your family

Workers Care does not manage the payment of your wages or weekly benefits. Wages and weekly benefits will continue to be managed and paid by your employer's insurance agent.

There may be other examples to those listed above. Contact your Workers Care contact if you have any questions.

What if my needs and goals change?

Your treatment and care services will be reviewed regularly to make sure they are helping with your goals for functioning, participating in daily life, and returning to work. If your goals or needs have changed speak to your treating team, your rehabilitation case manager, or your Workers Care contact.

Who can I contact for more information?

Speak to your Workers Care contact. They can provide information about anything that relates to your treatment, rehabilitation, and care needs. If you have questions about any other aspects of your claim, including your weekly entitlements, you should contact the insurance agent. For these matters you can also contact our Customer Support Team on 13 44 22.

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Workers Care Program

How to request treatment and care services

Workers Care pays for the reasonably necessary treatment and care services you need as a result of your workplace injury. Information sheet W04: *What is reasonably necessary treatment and care?* has more details on this topic.

How do I request treatment and care services?

To make a claim for treatment and care services, discuss your needs with your case manager or your Workers Care contact to make sure the treatment and care is considered reasonably necessary.

It is important to get approval from us before organising any services. You should be involved in preparing the request. To help you when you ask for services, specific forms have been developed. Your Workers Care contact can provide the forms to your case manager. These will be submitted by your case manager on behalf of you and your service providers (for example, your occupational therapist, psychologist, physiotherapist and so on).

You are also able to send in your own claim, however having the support of your case manager when preparing a request may make the process easier.

What information should be included?

Each request will include information about:

- your injury-related needs
- your current abilities
- the things you want to do and achieve in your life (your goals)
- how the service requested addresses these goals and meets the reasonably necessary criteria
- who you have selected to provide the service and why, when, where, and how the service will be provided
- how long the service will continue
- costs associated with the service

If services have already been provided to help you achieve your goals, information is also required on the outcome of these. Your case manager or service provider will talk to you and provide this information to us.

How is a decision made?

We will review each request on a case-by-case basis to decide if the service or services asked for are related to your workplace injury and meet the reasonably necessary criteria for treatment and care.

How will I be informed of the decision?

We will send you our decision in writing, called a notice of decision, within 21 days of receiving the request. If approved, the notice will include details of approved services. If not approved, the notice will include reasons for

the decision. Payment codes and approval numbers are included for use by your service providers.

We will also send a copy of the approval notice to your case manager, who will send it to your service providers, so they know what services are approved.

All approvals and supporting information will be provided to your employer's workers compensation insurance agent.

You will be advised in writing if, after careful review, we decide that Workers Care cannot fund the service or item requested because:

- it is not injury-related treatment and care
- and/or it is not reasonably necessary

Your Workers Care contact will also call you to discuss the decision and the reasons for the decision.

What if I disagree with a decision?

icare has processes for responding to complaints and disputes that are open and robust. If you disagree with a decision, talk to your Workers Care contact first. It is likely they will be able to resolve your concerns. They might contact other people involved with you, such as your service provider who requested the treatment. Your Workers Care contact may suggest arranging a meeting to discuss the issues with your service provider and agree on solutions.

If you cannot reach a resolution you can:

- Ask us to review our decision by completing the *SIRA Review form – application for review by the insurer* attached to your decision notice. Your Workers Care contact can provide you with the form if you no longer have a copy.
- Lodge a dispute with the Personal Injury Commission, with or without a completed review (even if already requested) from Workers Care Program. You can go to the Commission directly, or with assistance from your lawyer.

Phone: 1800 742 679

Email: help@pi.nsw.gov.au

Website: www.pi.nsw.gov.au

- Speak to The Independent Review Office (IRO), which is an independent government agency that provides a complaints resolution service for workers who are unhappy with a decision made by their insurer. You can contact IRO directly by:

Phone: 13 94 76

Email: at.complaints@iro.nsw.gov.au

Website: [Persons Injured at Work or in a Motor Vehicle Accident | IRO \(nsw.gov.au\)](https://www.nsw.gov.au/persons-injured-at-work-or-in-a-motor-vehicle-accident)

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Workers Care Program

Travel to attend treatment and rehabilitation services

Travel costs we pay for

We can pay for:

- your reasonably necessary travel costs to and from injury-related treatment and rehabilitation services
- an attendant care worker's travel costs to help you travel to pre-approved injury-related treatment and rehabilitation services as part of an approved attendant care program if you are unable to travel alone. These travel costs include kilometres or public transport fares
- pre-approved travel services, that is, travel expenses approved by your icare contact before you incurred them.

Information sheet: *W04: What is reasonably necessary treatment and care?* has details on what is considered reasonably necessary.

Travel costs we cannot pay for

We are unable to pay for:

- extra costs where a more expensive option is chosen over a reasonably necessary service
- for example:
 - where public transport is considered appropriate but a taxi service is taken
 - travelling a long distance to see a service provider (e.g., physiotherapist) where a suitable provider is locally available and can provide the same treatment
- your travel costs for normal daily activities. For example, your travel to work, the shops, or social functions
- extra travel costs for your normal daily activities if you need to use a more expensive method of travel because of your work accident injuries. For example, if you used to catch the bus to work but now need to travel in an accessible taxi
- travel costs for anyone other than you unless it is known that you need support for travel (e.g., from a support worker).

Other options for travel

You can investigate the following options for assistance with your travel costs for normal daily activities:

- the Taxi Transport Subsidy Scheme provides support for NSW residents who are unable to use public transport because of a disability. Call 131 500 or see their website [Apply for the Taxi Transport Subsidy Scheme | Service NSW](#)
- the Companion Card allows an eligible person's carer free entry into participating venues and events. It also includes many transport options. Call 1800 893 044 or see their website [Companion Card | NSW Government](#).
- the Community Transport Organisation is the NSW peak body that coordinates local community transport schemes. These local schemes can provide low-cost transport for people with limited private transport options. Call 1300 679 286 or see their website www.cto.org.au for more information.
- a private arrangement with your attendant care provider to pay for kilometres when using the support

worker's car

Requesting travel costs

You or your case manager may provide information about your travel needs and make a request for any costs for travel to and from treatment and rehabilitation services.

If you need the assistance of a support worker for travel to treatment and rehabilitation services, the costs for this support will be requested as part of your attendant care program.

Information sheet *W05 How to request treatment, rehabilitation, and care services* has more details.

How travel costs are paid

Once your travel needs have been approved, we can pay for them by reimbursing your costs submitted on an expense claim form.

You can submit an expense claim form to us for the following travel costs related to your treatment and rehabilitation services:

- public transport fares. You will need to attach original tickets or an Opal card activity statement for the dates you travelled. Go to www.opal.com.au to get a print-out of an activity statement
- kilometres driven in your own car. Reimbursement will be made at the latest rate in the *Workers Compensation Act 1987*
- kilometres are checked for the most direct route and you will need to include information in a travel log showing the start and end destinations, the total kilometres per trip and the reason for the trip
- parking when paid parking was required for your service. You will need to include the parking receipt
- tolls. You will need to include your eTag statement and details in a travel log

Information on how to submit an expense claim can be found on our website at [Claiming expenses under Lifetime Care and Workers Care | icare \(nsw.gov.au\)](http://www.icare.nsw.gov.au)

Taxi travel

We consider paying for taxi travel to attend treatment and rehabilitation services when:

- an accessible taxi is the most appropriate travel option because of your injury and stage of rehabilitation
- all other travel methods have been considered and ruled out
- taxi travel is the most cost-effective way to meet your travel needs

Limited amounts of taxi vouchers are given to workers. You will need to record taxi pick-up and destination points in a travel log and submit this travel log to us.

Taxi travel is not considered a long-term option and is only provided when all other options have been considered.

Taxi vouchers are usually requested by your case manager in a travel booking form. If you no longer have a case manager you can discuss your taxi travel needs with your icare contact.

Travel costs for an attendant care provider

We pay attendant care providers directly for the approved travel costs for a support worker.

Expense claim forms can be sent or emailed to us

- **email us at:** care-expenseclaim@icare.nsw.gov.au
- **post your claim to:** Workers Care Expense Claim
GPO Box 4052
Sydney, NSW 2001

Travel responsibilities

It is our responsibility to:

- provide reimbursement of expense claim forms as soon as possible
- provide taxi vouchers where required and in a timely manner
- send you a letter outlining services that taxi vouchers are to be used for
- inform you of your responsibilities for travel
- let you know what you can do if you do not agree with our decision about your travel

Your responsibilities for managing travel expenses include:

- provide receipts and supporting documentation for use of your own car and/or public transport with the expense claim form
- use taxi vouchers for approved treatment and rehabilitation journeys only
- be the only person to use the taxi vouchers. No one else is eligible to use these unless they are accompanying you for an approved journey

What happens if I don't meet my responsibilities?

We will ask you or your case manager for further information if there are questions about your travel. If the matter cannot be resolved the following may occur:

- stop providing taxi vouchers and request you pay for taxis yourself and ask for reimbursement via an expense form claim
- establish a taxi account for specific trips approved by us
- decline an Expense claim form if it is outside the approved travel amount or has no receipts

Before any changes are made to your travel expenses, we will write to you with the details of any planned changes.

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Workers Care Program

Starting an Attendant Care Program

What is attendant care?

Attendant care services help support you in your home and community. The icare Workers Care program will pay for reasonably necessary attendant care services to help you with tasks you need support to do as a result of your workplace injury. These may include:

- personal care (such as showering or dressing)
- domestic tasks (such as preparing meals and cleaning)
- help to attend your injury-related treatment and rehabilitation services
- support to participate in leisure activities (included in your My Plan and assessed as part of your Care Needs Report – see below)
- registered nursing assistance
- domestic assistance (such as gardening and general maintenance of your home)

Who determines my needs?

Your care needs will be assessed when you enter the Workers Care program and then periodically as needed. Your icare contact will refer you to a care needs assessor, who is a health professional, such as an occupational therapist, who will identify your care needs and send us a report. The amount and type of care that can be provided depends on your support needs relating to your injuries. Attendant care isn't always the only option, or the best option. The health professional completing your care needs assessment will talk to you about the services you want and complete an attendant care service request form with you if you'd like attendant care.

We'll assess the request to make sure you receive reasonably necessary services that are related to your workplace injury and help you to do the things you want to do and achieve in your life.

How do I find an attendant care provider?

icare has a panel of approved providers selected for the quality of their service to people with severe injuries. Attendant care can be provided by one of these approved providers or you can choose a different provider. Your icare Workers Care contact can give you a list of approved providers that offer services in your local area.

How do I know which provider is best for me?

Choosing the attendant care provider that's best for you depends on where you live and the type of services you need. Your Workers Care contact can give you information from each attendant care provider about their company, the area they cover and the services they provide. You may also want to speak to your doctor, service providers, rehabilitation case manager, or family members.

You can speak to a provider to help you make your decision and you may like to ask the following questions:

- Can you tell me about your company and its experience?
- What qualifications and experience do your support workers have?
- Do you have attendant care workers who are experienced working with people with my type of injury?
- What are your emergency procedures? For example, what is your after-hours contact?
- Can you provide registered nursing services (for example, changing my catheter)?
- How will I be involved in selecting the support workers who will be working with me?
- What are the working hours? For example, what is the earliest or latest time an attendant care worker can come to my home?
- If I have a problem with an attendant care worker, what should I do and who should I contact?
- How long will it take before the service starts?
- Are there any other clients or families I can contact for feedback about your services?

How do services start?

Once attendant care services have been approved and you've selected a provider, the provider will visit you and develop a care plan with you. Called the Attendant Care Support Agreement (ACSA), it's based on what attendant care we have approved.

The ACSA will include information about how and when you'll receive attendant care. You can negotiate with the provider about the times and days you'd like attendant care services to fit your lifestyle. The provider will also explain how the service works, including who to contact if you've any problems or questions.

Before the program can start, the attendant care provider will need to do a home safety audit to make sure your home is safe for the support workers to work in.

What if my care needs change?

Your attendant care services will be reviewed regularly to make sure they're meeting your needs. If you'd like a review of your care needs, speak to your Workers Care contact or case manager.

For more information or to contact the Workers Care Program.

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Workers Care Program

Your feedback – tell us what you think

We are here to help and we value what you have to say about the quality of our service. If we have exceeded your expectations, or we have not met them, we encourage you to talk with us.

Providing us with feedback or making a complaint will not affect your relationship with us, or the services we pay for. Sharing your experience can help us fix problems and improve the services we provide.

Let's talk about it

We hope you feel comfortable talking with your Workers Care contact or other people you have been talking with at icare. If you are unhappy about something, or wish to make a complaint, please let them know what they can do to help. They may be able to address your concerns immediately.

If you would prefer to speak with someone else, you can also make contact via any of the below methods:

Phone:	1300 738 586
Email:	feedback.workers-care@icare.nsw.gov.au
Website:	Use the 'Contact us' link on our website at www.icare.nsw.gov.au
Post:	Scheme Integration and Resolution Team GPO Box 4052 Sydney NSW 2001

What help can I get to make a complaint?

You are welcome to ask a family member, friend, representative, or advocate to talk with us on your behalf. We have several impartial and external support and advocacy service providers who can help you in navigating the dispute process. For more details, see information sheet: *W12 Support and Advocacy Service – Injured Workers*.

You can also make a complaint in your preferred language. Let us know if you would like to use an interpreter to speak with us, or if you would like any documents translated. You can also call Associated Translators and Linguists on (02) 9231 3288.

What do we need from you?

If you are making a complaint you need to tell us clearly why you are unhappy with our services and tell us the outcome you are seeking. Providing your name and contact details will help us to get in touch with you to resolve your issue.

When will you respond to my complaint?

We aim to get back to you within 2 business days of receiving your feedback. If we need more time to look into your concern, we will let you know and keep you updated. You can also give anonymous feedback; however, we will not be able to tell you of the outcome or any action we have taken.

What is the difference between a complaint and a dispute?

A complaint is when you are not satisfied or are unhappy with our services. Anyone can make a complaint and there is no cost associated with making a complaint. Complaints can be about:

- any aspect of Workers Care
- the level of service provided to you
- the services we pay for

A dispute is when someone disagrees with a decision we've made about your medical, hospital, or rehabilitation treatment, or care.

A dispute is resolved in a different way to a complaint. Information sheet W11: *Resolving disputes about medical, hospital and rehabilitation treatment* has more details on disputes.

What do I do if I am not happy with the outcome of my complaint?

Our Scheme Integration and Resolution Team can review your complaint if you are unhappy with the response you receive. You can:

- ask your Workers Care contact to refer you to a Customer Resolution Advisor in the Scheme Integration and Resolution Team
- call our switchboard on 1300 738 586 and ask to be put through to a Customer Resolution Advisor
- send an email to: feedback.workers-care@icare.nsw.gov.au

We aim to contact you within 2 business days to discuss your complaint and your desired outcome. We will provide you with a written response within 20 business days. This response will explain the outcome and any actions we have taken. We will keep you updated on our progress if there are delays in receiving important information, or in responding to you.

If you feel the Scheme Integration and Resolution team has not sufficiently or fairly dealt with your complaint, you can ask for an internal review. To do this, contact our General Manager, Lifetime Schemes Frontline by email or post. Details are below:

Email: feedback.workers-care@icare.nsw.gov.au
In the subject line, write 'For the General Manager, Lifetime Schemes Frontline'

Post: General Manager, Lifetime Schemes Frontline
icare Workers Care Program GPO Box 4052
Sydney, NSW 2001

Who else can I talk to about my complaint?

NSW Ombudsman

You can also take your complaint to the NSW Ombudsman at any time. The NSW Ombudsman is independent and impartial. Its role is to make sure NSW agencies, including icare, are doing their jobs properly and meet their responsibilities to the community. You can contact the NSW Ombudsman directly at:

Phone: 02 9286 1000
Toll free phone: 1800 451 524
Website: www.ombo.nsw.gov.au

Independent Review Office (IRO)

IRO can be contacted if you have a complaint about Workers Care that affects your rights or obligations under NSW workers' compensation legislation.

Phone: 13 94 76
Email: complaints@iro.nsw.gov.au
Website: www.iro.nsw.gov.au

Your privacy

icare collects only the information from you that we need to in order to provide our services to you. Full details of our privacy policy can be found on our website: www.icare.nsw.gov.au/privacy/your-privacy.

We record feedback to improve the quality of our service. If you would rather we do not record your feedback, or you wish to remain anonymous, please let us know and we will not include your details in our records.

Compliments and Suggestions

Have you been impressed or pleased with our service, or have any suggestions for us? Tell us about it so we can share examples of good service, or ideas among our staff. You can send your compliments or suggestions to:

Post: Scheme Integration and Resolution Team
GPO Box 4052
Sydney, NSW 2001

Email: feedback.workers-care@icare.nsw.gov.au

Workers Care Program
GPO Box 4052, Sydney, NSW 2001
General Phone Enquiries: 1300 738 586
Email: care-requests@icare.nsw.gov.au
www.icare.nsw.gov.au

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Workers Care Program

Resolving disputes about treatment and care

This information sheet outlines how to resolve disputes about medical, hospital, and rehabilitation treatment, and care services. A dispute is when you disagree with a decision we have made about your treatment or care services. Disputes are different to complaints and other feedback. Information sheet *W10 Your feedback* has more details on these.

If you disagree with a decision

If you disagree with a decision we have made about your treatment or care talk with your Workers Care contact first. It is likely that they can resolve your concerns with you.

They may contact other people working with you, such as your service provider who requested the treatment to discuss alternative solutions.

How do I apply for a review of a decision about my treatment?

You can ask us to review our decision at any time by completing the *SIRA Review form – application for review by the insurer* attached to the letter we sent you with our decision (called a decision notice). Your Workers Care contact can provide you with the form if you no longer have a copy, we can also arrange assistance in completing the form if you need help. If you have additional information, reports, or documents to support your application please include them.

A staff member who was not involved in the original decision will complete the review within 14 days.

Before we complete the review we may recommend that an independent health professional examination is conducted to provide a second opinion. The health professional will have experience in treating injuries like yours, and we will arrange and pay for this.

What is the Personal Injury Commission?

The Personal Injury Commission (PIC) is an independent government agency that handles disputes about workers compensation matters (for example weekly compensation payments, compensation for permanent impairment, pain and suffering, and medical expenses).

How do I lodge a dispute with the PIC?

You, your legal representative, or someone acting on your behalf can lodge an *Application to Resolve a Dispute* form with the PIC. For more information on lodging an application and where to find the *Application to Resolve a Dispute form*, contact the PIC.

Phone: 1800 742 679
Website: www.pi.nsw.gov.au
Email: help@pi.nsw.gov.au
Post: The Registry
Level 20, 1 Oxford Street
Darlinghurst NSW 2010

The Independent Legal Assistance and Review Service (ILARS) can provide access to free, independent legal advice to assist you with lodging a dispute. ILARS is managed by the Independent Review Office (IRO).

What is the Independent Review Office?

The Independent Review Office (IRO) is an independent government organisation that addresses complaints made by workers about their insurer. IRO can facilitate access to free legal advice in some instances. If at any stage you are not happy with the management of your injury, you can contact IRO. IRO has a list of approved lawyers who can give advice at no cost to you. The list is available through the IRO.

Phone: 13 94 76
Email: www.iro.nsw.gov.au

More help

If you need more assistance or advice please contact your Workers Care contact. You can also contact our Lifetime Schemes Complaints and Disputes team.

Phone: 1300 738 586
Email: feedback.workers-care@icare.nsw.gov.au

You can also contact your trade union or lawyer.

Workers Care Program
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www.icare.nsw.gov.au

Workers Care Program

Support and Advocacy Service for Injured Workers

What is the Support and Advocacy Service (SAS)?

We understand that sometimes it can be difficult to speak up when you are unhappy about something. Sometimes you may want to make a complaint about us, the services we fund or the way we do things.

We want to provide you with access to an impartial and external support and advocacy service to assist you to make a complaint to us. The complaint process does not need to be navigated alone.

There is no requirement for you to use a SAS provider if you want to make a complaint. If you feel comfortable and confident making a complaint and do not need this help, you do not need to use it. The use of a SAS provider to assist you is entirely your choice.

How can the SAS help me?

The SAS providers are intended to:

- provide you with information about our complaint process
- provide you with emotional and end-to-end support through this process
- minimise conflict throughout the complaint process by having an impartial person involved
- alleviate any misunderstandings you may have about the process or the outcome of the complaint, and
- allow you support and advocacy that is independent of Workers Care and that you can access anonymously (if you wish)

All SAS providers are impartial, independent from us and are not involved in your service delivery.

Can the SAS help me lodge a dispute?

No, SAS providers are not able to assist you with lodging disputes.

If you disagree with a decision we have made about your medical, hospital and rehabilitation treatment, and decide to lodge a dispute, it will be heard by the Personal Injury Commission (PIC). It is not considered appropriate for the SAS providers to provide you with assistance regarding disputes that may be heard in the PIC.

If you wish to dispute a decision that we have made, talk to your icare contact in the first instance.

How can I access the SAS?

The contact details for the SAS providers are contained at the end of this information sheet. You can contact them at any time to start receiving advocacy support for a complaint you are involved with.

Alternatively, you can ask your case manager or someone at Workers Care (such as your icare contact), or a member of the Lifetime Schemes Complaints and Disputes Service to touch base with a SAS provider who will contact you about the support you need.

How much does it cost?

There is no cost involved in taking advantage of the complaint advocacy services available from the SAS providers. This service is funded by Workers Care at no cost to injured workers or their families.

Can I use the SAS for help with issues other than complaints?

You are free to contact a SAS provider for help in relation to other issues, however such assistance will not be funded by Workers Care. It will be up to each SAS provider to decide if they can assist you and to advise you of any potential costs.

Will Workers Care know if I have used the SAS?

Not unless you want us to know.

The advocacy and support services can be provided to you on a totally confidential basis. You can receive support during the entire complaint process from a SAS provider without Workers Care knowing about the service. Whether or not you want us to know is completely up to you.

Who are the SAS providers?

Spinal Cord Injuries Australia

Spinal Cord Injuries Australia's policy and advocacy team address many issues that affect people living with a spinal cord injury (SCI) and physical disability. They ensure that public money is spent on projects that promote inclusiveness, and lobby for new programs and services that address unmet needs. All their advocates have lived experience with SCI and physical disability.

Contact Spinal Cord Injuries Australia on 1800 819 775 or visit at www.scia.org.au

Synapse

Synapse has assisted, supported and advocated for people with a brain injury, their families and carers for over 30 years. Synapse's vision is that those affected by brain injury and profound disability in Australia are able to lead a life of quality, based on their own decisions and choices. Synapse has a team of highly qualified advocacy staff that will stand beside you, assist you and ensure your point of view is expressed.

Contact Synapse on 1800 673 074 or visit at www.synapse.org.au

Disability Advocacy NSW Inc (DA NSW)

DA NSW provides advocacy to people with disabilities who experience unfair treatment or are experiencing disadvantage. DA NSW believes that people with disability have the same rights (and responsibilities) as people without disability. DA NSW aims to ensure that people with a disability realise these rights in practice by advocating with and for them. DA NSW will ensure that each person has access to the service and adopt, apply and promote non-discriminatory advocacy in respect to age, gender, race, culture, religion or disability.

Contact DA NSW on 1 300 365 085 or visit at www.da.org.au

Who do I speak with for more information?

For more information about the SAS you can speak with either your icare contact or a member of the Lifetime Schemes Complaints and Disputes Service.

The Lifetime Schemes Complaints and Disputes Service can be contacted on 1300 738 586 or at feedback.workers-care@icare.nsw.gov.au

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Workers Care Program

Privacy principles

How we collect, store, use, and disclose your personal health information

Workers Care respects your privacy and treats the management of your personal and health information very seriously.

We manage your personal and health information in accordance with the Privacy and Personal Information Protection Act 1998 and the Health Records and Information Privacy Act 2002.

We are also governed by:

- The Workers Compensation Act 1987 and
- The Workplace Injury Management and Workers' Compensation Act 1998

These acts contain specific rules about how we can use your personal and health information while managing your participation in Workers Care.

We apply these legal obligations when collecting, storing, using, and disclosing your personal and health information while managing your participation in Workers Care.

The following principles apply to your personal and health information in any form, including electronic or paper records, audio records, or x-rays.

1. Why we collect information about you

We collect personal and health information only if it is lawful to do so and where it is reasonably necessary for our purpose. We only collect information that it is necessary for us to complete our functions under s60, s60AA, s64B and s64C of the Workers Compensation Act 1987.

We collect your information to decide whether you are eligible to be in Workers Care and to manage your ongoing treatment and care needs. The information we collect also helps us manage your participation in Workers Care.

2. What kind of information we may collect

We only collect personal and health information that is relevant to your participation in Workers Care. This information may include:

- information about your accident and the injuries you sustained
- your progress with rehabilitation
- other information about your health including your medical history
- your treatment and care needs, including your community support and current living arrangements

It may include reports from medical, health and workplace rehabilitation providers, and others. We may also ask

for your bank account details for any reimbursement to you.

3. How we use and disclose your information

We will use and disclose your personal and health information for the purpose for which it was collected or a directly related purpose. Additionally, from time to time, we might use your information for developing customer improvement programs.

We might also disclose your personal or health information for research or compilation of statistics where it is reasonably necessary and in the public interest. In those circumstances, we will ensure that the information is de-identified and reasonably necessary for those purposes or that the information is otherwise provided in accordance with Human Research Ethics Committee requirements.

4. Who we might obtain your personal and health information from or give it to

Your personal and health information may be collected in many ways, including in writing, verbally, via online portals, applications, or other forms of written record.

We may need to give documents and/or information about you to others, or get documents and/or information from others. The people and institutions we may do this with include:

- a relative, friend, guardian, or other legal representative
- your current, former, or prospective employer, or current or former work colleague, or any other persons who can provide information regarding your employment arrangements
- an insurer carrying on the business of providing Workers' Compensation, CTP Insurance, or personal injury insurance
- a social or community worker
- a medical or health care practitioner or service provider, including hospitals (including private)
- ambulance and/or other emergency services
- a person who is qualified to assess the treatment, care, and support needs of a person
- Personal Injury Commission (if a dispute arises)
- any person to whom disclosure is ordered by a tribunal or court
- Commonwealth or State government departments or agencies involved in your case, including Centrelink, Medicare, NSW Family and Community Services, NSW State Insurance Regulatory Authority (SIRA), the Lifetime Care and Support Authority, or an educational institution (e.g. TAFE)
- If you live or travel overseas, any private or government entity necessary to deliver treatment and care services to you or otherwise manage your participation in the scheme
- any other person to whom icare is required to disclose the information by law
- third party contractors engaged by icare to deliver any aspect of the management of the Workers Compensation scheme including a quality auditor engaged by contract to review management of the scheme
- any legal practitioner engaged in representing a party making a claim for compensation or damages (including personal injury, Workers Compensation, or CTP)

We may also obtain information about you from publicly available sources of information.

5. Transferring your information outside New South Wales

Sometimes we may need to transfer your information to other States and Territories, as well as to the Commonwealth. This may be to determine if you are eligible for Workers Care, to provide treatment and care services, or as part of the Commonwealth-State reporting obligations.

If you live in a different state or overseas, we will need to do this most of the time. If we need to transfer your personal or health information outside of NSW, we will ensure that we have lawful authority to do so, or otherwise request your consent.

6. Keeping your information relevant and up to date

We take reasonable steps to ensure that your personal and health information is relevant, up to date and complete. We may ask you to verify information we hold about you and to ensure it is accurate. Every so often, we will ask you to renew your consent to us for collecting, using, storing, and disclosing your personal and health information.

7. We keep your information secure

We protect your information from unauthorised access, use, misuse, modification, disclosure, and loss. Your information is stored securely, not kept any longer than necessary, and disposed of in accordance with our record keeping obligations.

8. You can access and correct your information

If you ask us, we will tell you what personal and health information about you we have, and give you access to it, unless denying access is authorised by another law. We will allow you to update, correct or amend your personal or health information in certain circumstances, for instance if it is inaccurate.

9. If you act for someone as an authorised representative

You may be able to give consent to collect, use, and disclose information acting for someone as an authorised representative. An authorised representative means:

- If a worker has impaired decision-making capacity or a disability an authorised representative is someone acting for a worker as a person responsible within the meaning of section 33A (4) of the Guardianship Act 1987, being a guardian, a spouse or partner, a carer, or a close friend or relative (as defined in the Guardianship Act 1987)
- An attorney for the worker under an enduring power of attorney
- A person who is otherwise empowered under law to exercise any functions as an agent of or in the best interest of the worker

10. If there is a dispute about how we are managing your personal or health information

If you believe we are not managing your personal or health information in accordance with these principles, then you have rights to ask us to review our conduct.

For more information

For further information about how icare, including Workers Care, meets its privacy obligations please visit the privacy pages on our website at www.icare.nsw.gov.au Go to > privacy > your privacy.

If you have any questions about privacy, confidentiality, or access to information please contact Workers Care, from 9:00am to 5:00pm, Monday to Friday.



Workers Care Program

GPO Box 4052, Sydney, NSW 2001

General Phone Enquiries: 1300 738 586

Email: care-requests@icare.nsw.gov.au

www.icare.nsw.gov.au

Workers Care Program

Working with attendant care: information for a successful service

Making it work for you

Having attendant care in your home can require some adjustment for you and members of your household. It can take time to get used to.

There can be many people involved in your attendant care services - you, the people you live with, the support workers who come into your home and the provider they work for.

It's important to understand that your home is also a workplace for your support workers. A safe work environment and respectful communication helps your care service to be successful. Everyone in your home, including support workers, should feel comfortable and understand their roles and responsibilities.

The information below is provided to assist you develop good working relationships that are key to having successful attendant care services.

Working well together

You can expect:

- quality care and support
- reliable services that meet your support needs
- to be treated with dignity and respect
- to have a choice in your attendant care provider from the options available to you in your circumstances
- to know who'll be working with you
- to know who to contact to request changes or if you have concerns

It will take at least 4 weeks to find and train the right care team to provide the best support for you. In some areas, such as regional and remote areas, the number of available support workers is limited, and it may take longer.

Your attendant care provider will:

involve you in working out what your care will look like including your care schedule

- provide support workers with the skills to meet your individual needs
- ensure your support workers act professionally
- work with other members of your rehabilitation team
- let you know if any changes are needed.

Wherever possible your provider will match support workers who will fit in with your lifestyle and cultural needs. Depending on availability of support workers, you may have limited choice in who can work with you. The most important priority is that the support workers have the skills to provide the care you need.

Your role:

Having a successful working relationship with your attendant care service means:

- being respectful to your support workers
- understanding that you and your support workers will take time to get used to each other
- understanding what the support workers can do and what they can't do
- giving your provider enough time to make changes to your services
- keeping your provider informed about anything that may affect your care
- letting your provider know if you have issues or concerns with your services.

Provide a safe work environment:

When you have attendant care services, your home becomes a workplace and must be a safe and respectful place for you and your support workers. This means if your support workers identify risks to their safety or wellbeing, it may impact your services.

Working through issues:

Sometimes issues may arise with your care services. These could include:

- how your care is being delivered and who is delivering it
- changes to your schedule and who is available to support you
- adjusting to having attendant care services.

Most issues can be worked through by speaking with your attendant care provider. If you would like help raising issues, you can also speak to your Workers Care contact.

Getting more information

To learn more about attendant care services you can visit the Living with Attendant Care website <http://living-with-attendant-care.info/>. Your attendant care provider can give you information specific to your attendant care service. Your Workers Care contact can talk with you about what to expect in your attendant care service.

Workers Care Program
GPO Box 4052, Sydney, NSW 2001
General Phone Enquiries: 1300 738 586
Email: care-requests@icare.nsw.gov.au
www.icare.nsw.gov.au

My Plan – Information for injured workers and families

What is My Plan?

My Plan refers to how Workers 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 Workers 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
- the 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 Workers 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 Workers Care or who is funded by Workers Care to provide this service.

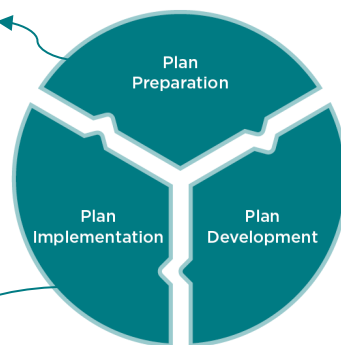
Importantly, My Plan is your plan. Experience and feedback show that the more involved you are in developing your plan, the better your outcomes will be.

What does My Plan involve?

Your case manager or Workers 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 Workers 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 injured workers in Workers 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 Workers Care know what you are working towards and what services or supports you feel you need to help achieve those goals. This then enables Workers Care to make decisions about paying for the services that you are requesting. Your plan may include supports which are not funded by Workers 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 Workers 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 Workers 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 Workers 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 injured workers and their families. You can also speak with your case manager or your contact person at Workers Care.

www.icare.nsw.gov.au



Workers Care
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Completing an expense claim form

In most circumstances, your service providers will invoice us directly, rather than you having to pay for services yourself. However, if you pay for any pre-approved treatment and rehabilitation services related to your injury, you can claim reimbursement from icare. Before you pay for the services, you should check with your icare contact so that you can be sure the expenses will be reimbursed and seek approval before paying.

To make a claim you must submit an Expense Claim form. You can submit it yourself or someone can submit it on your behalf. Your icare contact can give you a copy of the form, or you can find it on our website at www.icare.nsw.gov.au.

There are exceptional circumstances where obtaining approval beforehand is not possible, such as a medical appointment at short notice. If this happens, talk to your case manager or icare contact as soon as possible. If the expense is related to your injury and considered reasonable and necessary, you should still be able to submit an Expense Claim.

What expenses can I claim?

The types of expenses that can be claimed via an Expense Claim may include:

- mileage for travel to approved treatment and rehabilitation services
- fares for travel to approved treatment and rehabilitation services
- medicines required because of your injury that you have paid for before a pharmacy account is set up
- medical appointments related to your injury arranged at short notice.
- for details about travel costs we pay for, see information sheet: 'Travel to attend treatment and rehabilitation services'. This can be found on our website at www.icare.nsw.gov.au.

What information do I need to include in my Expense claim form?

You need to include the following information so the expense claim can be processed.

- the submission date of the form
- the name and details of the person who will be reimbursed – this could be you or someone else. (If it's someone else, write down their relationship to you on the Expense Claim form.)
- a tax invoice, receipt or fare ticket. We will accept digital copies, but you must keep the original for auditing purposes.
- details of the item or service paid for.
- for mileage: The start and end destination, the total kilometres per trip (based on the shortest most direct route) and the reason for the trip. (For example, 'Appointment from A to B and back, 75km return, Dr Smith rehabilitation specialist'.)
- for parking: The receipt/parking ticket and the reason why the parking was needed.
- for tolls: The name of the motorway used, tolls charged, the date of travel and the reason why the motorway was required.
- for the first expense claim, or if your bank details change, you will also need to complete an EFT details form so we know which account to reimburse the funds to. This form can be obtained from our website at www.icare.nsw.gov.au. Alternatively, you can request this form from your icare contact.

How often should I submit an Expense claim?

You should submit an Expense Claim on a regular basis and within 3 months of paying for the expense. You don't have to submit a form every time you pay for something – 1 form can cover several expenses.

Where do I send the Expense claim form?

You can send the form to us by email or post to:


Email: care-expenseclaim@icare.nsw.gov.au

Mail: Care Expense Claim
GPO Box 4052
Sydney, NSW 2001

What happens next?

Your icare contact will review your expense claim to make sure the items you are seeking reimbursement for meet services related to your injury. You'll be advised if there are any items that can't be reimbursed.

Payment will be made by electronic funds transfer into the nominated bank account within 15 days.



icare
GPO Box 4052, Sydney, NSW 2001
Ph: 1300 738 586
Email: care-requests@icare.nsw.gov.au
www.icare.nsw.gov.au

Expense claim form

1. Participant / Worker / Client details

Date Participant number or claim number

Participant / Worker / Client's name

Payment to be made to: Participant / Worker / Client Other person

If payment is for another person, what their relationship to the participant / worker / client?

Confirm Bank account details:

Please use the bank account details previously provided to icare

This is the first time I have made an expense claim or my bank account details have changed.
I have attached a completed EFT details form.

2. Person requesting out-of-pocket reimbursement details

Person's name (if not a participant / worker / client)


Address

Town State Postcode

Phone Mobile

Email (we will send the remittance advice electronically to the email address you supply)

3. Details of out-of-pocket expenses

 Supporting receipts or tax invoices must be attached.
For travel claims, please also attach the travel log.

Date	Brief Description	Amount	Receipt attached	
			Yes	No
Does this need to be paid in a currency other than Australian Dollars (AUD)?		Total:	Currency (if not AUD):	
Yes	No			

4. Submitted by (name must match the person identified in section 1 or 2)

Name

Signature

Date

5. Return to

Accounts Payable

GPO Box 4052
Sydney NSW 2001

Email this form to:

care-expenseclaim@icare.nsw.gov.au

Phone: [1300 416 829](tel:1300416829)



If you'd like to confirm what bank account information is held by icare, you can contact the Care Finance team by phone: [1300 416 829](tel:1300416829)

For all other enquiries you can speak with your icare contact or call the general enquiries line by phone: [1300 738 586](tel:1300738586)

icare

GPO Box 4052, Sydney NSW 2001

General Phone Enquiries: [1300 738 586](tel:1300738586)

Email: care-requests@icare.nsw.gov.au

www.icare.nsw.gov.au

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EFT details form

Expense claims for participants, workers and clients

Use this form to provide bank account details to apply for reimbursements from icare.

1. Participant / Worker / Client details

Name

Participant/Claim number

Phone number

Payment to be made to:

Participant / Worker / Client

Other person

If payment is made to another person, what is the other person's name?

2. Remittance Details

Email*

Please note that payment will only be made by EFT and remittance advice sent to email addresses.

3. Account details for person claiming out-of-pocket reimbursements (within Australia)

Bank (e.g. ANZ)

Branch name (e.g. Gosford)

Branch/BSB number

Account number

Account Name

4. Account details for person claiming out-of-pocket reimbursements
(for people residing overseas)

Bank Name	Branch
<input type="text"/>	<input type="text"/>
City	Bank SWIFT/BIC Code
<input type="text"/>	<input type="text"/>
Branch Identifier	Wire Transfer Rounding Number <i>(If applicable)</i>
<input type="text"/>	<input type="text"/>
Account Number or IBAN	Currency
<input type="text"/>	<input type="text"/>
Account Name	
<input type="text"/>	

5. Submitted by *(Participant/Worker/Client)*

Name	<input type="text"/>	
Signature	Date	
<input type="text"/>	<input type="text"/>	

6. Return to

Accounts Payable
GPO Box 4052
Sydney NSW 2001

Email this form to:
carefinance@icare.nsw.gov.au
Phone: 1300 416 829