

Key Elements of a Fully Implemented Lead Coordinator Program

1. Designate someone to oversee the LC program at your organization.
2. Identify and train all staff who could potentially serve as an LC.
3. Identify and train others requiring “LC staff awareness” training.
4. Identify potential patients who meet criteria for complex care coordination and assign an LC.
5. Utilize the LC Checklist when assigned as a new LC, throughout the case, and when transitioning to another LC.
 - a. *For VA*: Convert existing caseload to align with timing of the next scheduled case management contact.
 - b. *For DoD*: Convert existing cases by the next scheduled case management contact or at least within one month of the LC training. (Coordinate with Care Management Team (CMT) and follow any service specific guidance.)
6. Provide a warm handoff for patients in transition; this includes use of established referral process and a review by CMT.
7. Create and maintain the ICP within the LC’s respective System of Record.
 - a. *For DoD*, LCs use RCP-SS (new name is DoD Case Management System (CMS)) to document and monitor the LC ICP.
 - b. *For VA*, LCs use Computerized Patient Record System (CPRS)
8. Ensure all LCs have access to CoLab.
9. Align local guidance and SOPs accordingly.

After completion of Lead Coordinator (LC) training in each region, all sites are required to implement the LC concept.