Columns	Code Book for Care Coordination Learning Collaborative Data Collection Tool							
A	Person/Patient Identification Number							
В-Н	Lead Care Coordinator							
В	LCC Identified	Enter "0" for No (N); "1" for Yes (Y)						
С	LCC Last Name	Last name of the Lead Care Coordinator						
D	LCC First Name	First Name of the Lead Care Coordinator						
Е	LCC Organization	Organization that employs Lead Care Coordinator Is an up-to-date shared care plan included in the person's/patient's record maintained by the Lead Care Coordinator? 1. Shared Care Plan include, at a minimum, the following elements: • Date updated • Patient/family goal(s) • Clinical goal(s) • Action plan for achieving above goals • Overall current progress on reaching goals • Contact/communication information • Name of Lead Care Coordinator • List of members of care team and their organization						
F	Shared Care Plan	 2. To be considered up-to-date the Shared Care Plan' 'Date Updated' should no older than the number of days identified in the 'Interval Between Care Conferences'. Response Key: Enter "0" for No (N) if no Shared Care Plan has been developed for person/patient, or Lead Care Coordinator does not have copy; Enter "1" for Partial (P) if any element is missing or out-of-date; Enter "2" for Complete (C) if all elements are present and up-to-date. 						
G	Date of Most Recent Care Conference	Date of the most recent Care Conference defined as a regularly scheduled evaluation of participant/patient's progress by participating care organizations						
Н	Interval Between Care Conferences (days)	Maximum number of days between Care Conferences						
I-AB	Organizations (Please identify Other Organization in place holders in columns R-Y)							
	Participating In Care Team	No $(N) = 0$; Yes $(Y) = 1$						

Does the Lead Care Coordinator have and up-to-date progress note from the listed organization for the identified individual?

- 1. Progress Reports include, at a minimum, the following elements:
 - Date of most recent visit
 - Treatment plan
 - Progress
 - Referrals (if applicable)
 - Date or deadline of follow-up (if applicable); Follow-up can be any significant next step in the person/patient's care such as an appointment or phone call with person/patient, or outreach or coordination with another organization on care team. If not follow-up is required, this should also be noted in progress report.
- 2. To be up-to-date, there should be a progress report in the LCC's record within 10 business of days of the "date of follow-up" as listed in previous progress report. If the progress report is missing or no progress report has been filed within the 10 business days, the file is considered out-of-date or incomplete. Additionally, if there is no date for follow-up and no note stating that follow-up is unnecessary, the file is considered out-of-date or incomplete.

Response Key:

- Enter "0" for No (N) if Lead Care Coordinator does not have an up-to-date progress report;
- Enter "1" for Partial (P) if some but not all elements of progress update are present and up-to-date;
- Enter "2" for Complete (C) if all elements are present and up-to-date.

Updated Progress Report on File

Example of Data Collection Tool

4	Α	В	С	D	E	F	G	Н	1	J	K		
1	Lead Car	e Coordinator - Data Collection Tool											
2													
3				Lead Care C	Coordinator (L	Designated Mental Health Agency (DA)		РСМН					
4	Patient	Last Name	First Name	Organization that employs LCC	7824 CA CONTRACTOR - 1	Date of most recent care conference (MM/DD/YYYY)	conferences	Particpating in care team (Y/N)	Updated progress report on file (N/P/C)	Particpating in care team (Y/N)			
5	1	Doe	Jane	SASH	1	6/4/2014	180	0	0	1	1		
6	2	Smith	Sarah	HHA	1	10/15/2014	90	1	1	1	2		
7	3	Brown	Bob	DA	1	12/5/2014	360	1	0	1	2		
8													
9													
10						***							
11													
12													
13	25	Miller	Mary	SASH	0	0	0	0	0	0	0		
14													
15	No (N) =	0											
16	Partial (F) = 1											
17	Complete	e(C) = 2											