

# COVID-19 Case Management Overview for Partners

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The following table highlights the Minnesota Department of Health (MDH) COVID-19 Case Manager (CCM) model for long term care (LTC) and congregate living facilities. The current model was initiated early in the COVID-19 pandemic as a supportive measure for LTC and congregate living facilities. The new model represents a more sustainable approach to support that engages local and regional partners and stakeholders.

	<b>Current Model</b>	<b>New Model</b>
<b>Assignment Process</b>	New facilities assigned a CCM upon report to MDH and after introductory contact is made by surveillance or healthcare worker monitoring team	New facilities assigned a CCM upon report to MDH and after introductory contact is made by surveillance or healthcare worker monitoring team
<b>Initial CCM Intake</b>	CCM sets up call as soon as possible after assignment and goes through the initial CCM call sheet. Asks about PPE, basic IP practices, number of cases, staffing, etc.	CCM sets up call as soon as possible after assignment and goes through the initial CCM call sheet. Asks about PPE, basic IP practices, number of cases, staffing, etc.
<b>CCM Organization</b>	CCMs receive assignments based on current caseload, sometimes preference or expertise.	CCMs organized by region and setting type. Each region has dedicated CCM support for skilled nursing, assisted living, etc.
<b>Primary Communication</b>	Case manager has daily calls with each facility lasting approx. 30-60 minutes.	Facilities informed about semi-weekly group calls hosted by regional setting-specific CCM for questions, guidance, and discussion. Participants asked to send questions ahead of time to their CCM so the calls can flow as smoothly as possible.

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<p><b>CCM Workload</b></p>	<p>Average caseload 15-25 facilities and currently unable to assign new cases for several days.</p> <p>Case manager spends the entire day on daily check-ins with limited time for phone or email follow-up. Often answers the same question from multiple facilities.</p>	<p>CCMs available for questions between semi-weekly calls, but will also send a toolkit of resources, CDC and MDH guidelines, and PPE survey after the initial call.</p> <p>CCMs would have more time to research and answer questions because they wouldn't be on 8+ hours of daily calls.</p> <p>CCMs able to increase caseload due to lower daily call volume.</p>
<p><b>External Communication</b></p>	<p>Case manager is responsible for looping in local and regional partners on daily calls or updates. External communication is often missed or difficult to schedule.</p>	<p>Local and regional partners have standing invitation to the scheduled calls for each setting type in their region.</p>
<p><b>Staffing Shortages</b></p>	<p>CCM functions as a middle-man connecting the facility to the State Emergency Operations Center (SEOC) or acting on behalf of the facility by contacting the SEOC. Local and regional partners often unaware of staffing challenges until crisis.</p>	<p>All facilities are given the healthcare resource call center number for SEOC. Facilities are also connected directly to their local and regional partners on semi-weekly calls to communicate early and often about staffing challenges.</p>
<p><b>Case Closure</b></p>	<p>Case managers sign off on facilities after a subjective assessment. The facility may get a new case, it is reported to MDH, and CCM resumes with daily calls.</p>	<p>When facilities have a new case or want to be re-engaged, they can join the group calls at any point.</p>
<p><b>Continuity</b></p>	<p>Existing continuity is a challenge because facilities are assigned CCMs individually. Should CCM need to take time off, they must transfer each one of the facilities in their caseload to another CCM.</p>	<p>Improved continuity as a CCM with the same "specialty" can cover their semi-weekly group call for that date and time.</p>
<p><b>Connectedness</b></p>	<p>Facilities may or may not be connected to other facilities or partners.</p>	<p>Group calls facilitate connecting with resources and an opportunity to learn from other facilities experiencing a similar crisis.</p>

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Minnesota Department of Health  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-5414  
[www.health.state.mn.us](http://www.health.state.mn.us)

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*To obtain this information in a different format, call: 651-201-5414.*