



Position: Quality Improvement (QI) Coordinator

Direct Supervision: Care Coordination Manager (with dotted-line support to Co-ED, Community Programs)

Status: Non-Exempt Full-Time

JOB SUMMARY

The Quality Improvement (QI) Coordinator supports high-quality, consistent service delivery across Care Coordination and Community Health Worker (CHW) programs. This role focuses on improving documentation, strengthening workflows, completing quality audits, and supporting TCHNetwork in meeting new performance measures under state and regional contracts.

The QI Coordinator assists in developing workflows, conducting QA reviews, supporting new hire training, completing reporting for grants and funders, and identifying areas for improvement. This role does **not** supervise staff but works closely with the Care Coordination Supervisor, Care Coordination Manager, and Co-ED of Community Programs to support training, workflow adherence, and documentation consistency across the team.

Key Responsibilities

Quality Improvement & Documentation Support

- Conduct quality audits of Medicaid Care Coordination (Medi CC) and CHW documentation to ensure completeness, accuracy, timeliness, and adherence to program workflows.
- Track and report documentation performance measures monthly, identifying trends, strengths, and areas needing improvement.
- Validate care coordination data prior to reporting deadlines for grants, contracts, and oversight agencies.
- Support workflow updates by identifying gaps or inefficiencies and recommending improvements to leadership.
- Assist in building documentation tools, templates, checklists, and training modules to support staff accuracy and efficiency.
- Maintain a working caseload of up to 25 cases, modeling strong case management practices.

Workflow Development & Monitoring

- Assist in developing, piloting, and monitoring new and updated workflows for Medi CC and CHW programs.
- Support PDSA (Plan-Do-Study-Act) improvement projects by collecting data, monitoring progress, and developing visual displays (charts, dashboards, summaries).
- Participate in the development and maintenance of Community Programs operations manuals.



Training & Staff Support

- Help assess training needs for new and existing staff and develop training materials that reinforce quality standards.
- Support new hire orientation by teaching documentation, workflows, efficiencies, and quality requirements.
- Deliver or co-facilitate monthly QI training sessions for Medi CC and CHW staff.
- Provide one-on-one documentation coaching to staff as needed and escalate performance issues appropriately.

Surveys, Reporting, & Grant Support

- Support grant and contract reporting by validation checks, and narrative contributions.
- Assist in preparing agendas, materials, and notes for QI-related meetings, committees, or collaborative groups.

Compliance & Organizational Support

- Maintain working knowledge of requirements related to Rocky Mountain Health Plans, RAE (Regional Accountable Entity), Medicaid Care Coordination standards, and person-centered care guidelines.
 - Travel to TCHNetwork sites as needed to conduct quality audits, observe workflows, and support staff.
 - Report documentation or compliance gaps to the Care Coordination Manager and appropriate team members.
 - Perform other duties or projects as assigned to support high-quality care coordination services.
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QUALIFICATIONS

Required

- 2+ years of experience in healthcare, social services, human services, or a related field.
- At least 6 months of leadership experience (formal or informal).
- Experience supporting teams, delegating tasks, or coordinating program activities.
- Experience supporting Medicaid programs, care coordination, or CHW teams.
- Familiarity with performance improvement methodologies (PDSA, Lean, etc.).
- Experience with workflow improvement, data entry, or reporting. Ability to manage multiple responsibilities with professionalism and follow-through.
- High attention to detail with strong ability to spot inconsistencies, errors, or workflow gaps.
- Comfortable analyzing data, creating summaries, and supporting performance reporting.
- Ability to work independently and travel across TCHNetwork service areas

Preferred

- Bilingual in English and Spanish (reading, writing, and speaking).
- Bachelor's degree (or 4 additional years of relevant experience).
- Experience in primary care, public health, community health, or care coordination.



- 1–2 years working in or serving rural communities.
- Experience in Medicaid Care Coordination or healthcare case management.

SKILLS & ATTRIBUTES

Required Skills

- Strong presentation and communication skills.
- Ability to support and guide staff while building leadership skills.
- Strong interpersonal and relationship-building abilities.
- Basic project management and workflow organization skills.
- Proficiency in Microsoft Office; ability to learn new technology quickly.
- Strong time management, prioritization, and problem-solving abilities.

Personal Attributes

- People-centered and empathetic, with an understanding of Social Drivers of Health (SDOH).
- Adaptable and flexible in a fast-paced environment.
- Maintains professionalism, ethics, and confidentiality.
- Open to feedback, self-motivated, and committed to growth.

Additional Details

- Travel: Frequent local/regional travel; occasional statewide/national travel. Must have reliable transportation, a valid driver's license, and insurance.
- Hybrid Position: Based in Montrose or Telluride with travel across Montrose (including West End), Ouray, and San Miguel counties. Minimum two in-office days per week in one of the regional offices.
- Schedule Flexibility: Occasional evenings or weekends based on staff needs, meetings, or community events.

COMPENSATION AND BENEFITS:

Starting salary range is \$23.00 - \$25.00 hourly, depending on experience.

Benefits Package:

- 104 hours of vacation, 12 paid holidays, and up to 48 hours of sick leave annually.
- 100% employer-paid medical and dental insurance after 90 days.
- 3.5% 401k contribution match.
- Flexible Spending Account after 90 days, Employee Referral Program, Mental Health Wellness Program, and Professional Development Opportunities.

Staff Signature: _____ Date: _____

CC Manager Signature: _____ Date: _____