Position: Care Coordination Supervisor
Direct Supervision: Care Coordination Manager
Status: Non-Exempt Full-Time

JOB SUMMARY

The Care Coordination Supervisor supports Tri-County Health Network (TCHNetwork) by providing client-centered care coordination through Pathways, ADRC (Aging and Disability Resource Center), and Medicaid Care Coordination programs in conjunction with the Care Coordination Manager. This position directly supervises approximately 3–4 Care Coordination staff working throughout the region.

This role focuses on supporting staff who are addressing social determinants of health by identifying client needs, connecting individuals to services, and supporting follow-through on goals. The Care Coordination Supervisor works closely with clients, caregivers, healthcare partners, and community organizations to improve access, reduce barriers, and support whole-person care.

ESSENTIAL DUTIES & RESPONSIBILITIES

Program Operations & Quality Improvement

- Maintain and improve workflows for Pathways, ADRC, and Medicaid Care Coordination programs to ensure efficient operations, quality service delivery, and adherence to best practices.
- Routinely conduct quality assurance and quality improvement activities, including chart reviews, workflow evaluations, documentation monitoring, and program audits.
- Monitor program performance metrics, productivity standards, outreach activities, and documentation quality through reports and data analysis.
- Identify gaps, barriers, and unmet community needs and collaborate with leadership to implement process improvements and operational changes.
- Support implementation of new programs, workflows, technology, reporting requirements, and grant expectations while helping staff adapt to organizational and system changes.
- Ensure confidentiality and compliance related to client information, documentation, and staff performance.

Supervision & Team Development

- Provide day-to-day supervision and operational oversight for direct reports working throughout the region.
- Orient, train, coach, and support 3-4 staff to ensure competency in workflows, documentation standards, client engagement, and program expectations.
- Develop clear goals, accountability measures, and performance expectations for direct reports.
- Hold regular 1:1 supervision meetings and team meetings to support communication, engagement, and team development.
- Foster a positive, collaborative, and solutions-focused team culture that promotes employee engagement and retention.

- Collaborate with the Co-ED of Care Coordination and HR regarding performance concerns, corrective action, and employee development strategies.
- Serve as a working supervisor by maintaining competency in direct service delivery and providing client coverage as needed.

Community Partnerships & Systems Coordination

- Serve as a liaison between healthcare providers, public health agencies, community organizations, funders, and TCHNetwork.
- Support medical and community partners in integrating social determinants of health screenings, referral workflows, and care coordination services into their operations.
- Increase community understanding of the importance of addressing health-related social needs and the value of coordinated care services.
- Represent TCHNetwork at community meetings, coalitions, committees, and regional collaborations.
- Educate partners and stakeholders on TCHNetwork programming, Pathways, ADRC, and Medicaid Care Coordination services.

Client Services & Program Support

- Maintain working knowledge of Pathways, ADRC, and Medicaid Care Coordination services and workflows.
- Provide direct client support, care coordination, and crisis response as needed.
- Assist staff with complex client situations, escalations, and barriers to care.
- Support continuity of care and collaboration across internal teams and community partners.

REQUIRED EDUCATION & EXPERIENCE

- 4 years of progressive experience working with diverse populations, community organizations, or healthcare settings.
- 1 year of direct experience in case management, care coordination, or client navigation.
- Experience working in field-based or remote environments.
- Strong communication skills.
- Experience working with diverse populations across socioeconomic and cultural backgrounds.
- Demonstrated commitment to equity, social determinants of health, and community-based work.
- Proficiency in Microsoft Office and shared systems (OneDrive or similar).

PREFERRED QUALIFICATIONS

- Bachelor's degree in a related field.
- Strong communication skills in English and Spanish.
- Knowledge of Pathways or HUB models.
- Experience with ADRC services, options counseling, or aging/disability services.
- Understanding of Medicaid systems and care coordination workflows.
- Training or experience in trauma-informed care, Motivational Interviewing, or similar approaches.

- Knowledge of community resources in rural/frontier settings.
- Ability to assess and respond to crisis situations appropriately.

PERSONAL ATTRIBUTES

- Strong relationship-building skills with clients and community partners
- Culturally responsive and trauma-informed approach
- Organized, detail-oriented, and able to manage competing priorities
- Adaptable and solution-focused in a fast-paced environment
- Strong critical thinking and problem-solving skills
- Open to feedback and continuous improvement
- Commitment to client voice, choice, and dignity

OTHER REQUIREMENTS

- Regular travel within the region; reliable transportation required
- Valid driver's license and insurance
- Ability to work flexible hours (including occasional evenings/weekends)
- Ability to lift up to 50 pounds
- Hybrid Position: Based in West End Montrose, with service areas in San Miguel and Ouray County. Minimum two office days per week in the West End.

COMPENSATION AND BENEFITS:
Starting salary range is $27.00– $ 29.50 per hour, 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: ________________

Co-ED Signature: ____________________________ Date: ________________

Amy Rowan, Co-Executive Director, Community Programs