



Position: Care Coordination Supervisor (Bilingual preferred)

Direct Supervision: Care Coordination Manager

Status: Non-Exempt Full-Time

JOB SUMMARY

The Care Coordination Supervisor (CC Supervisor) provides day-to-day supervision and support to Medicaid Care Coordination (Medi CC) and Referral Intake staff while maintaining a small caseload of up to 30 clients. This mid-level leadership role focuses on Medicaid Care Coordination workflow oversight, documentation quality, and quality assurance, ensuring staff follow processes consistently and that clients receive timely, person-centered care.

The Supervisor works closely with the CC Manager to align workflows, identify training needs, and support program operations. As a working supervisor, this position assists clients directly, provides coaching to staff, and supports communication with healthcare providers, community partners, and internal teams. The Supervisor serves as a primary point of contact for program-related inquiries, escalating system issues or complex concerns to the Manager or Co-ED as needed.

Key Responsibilities

Team Support & Leadership

- Supervise 3–6 Care Coordination and Referral Intake staff, providing day-to-day guidance and workflow support.
- Lead 1:1 check-ins, team touchpoints, and supportive coaching conversations.
- Process timesheets, mileage, and expense reports accurately and on time.
- Support staff in problem-solving complex client needs and reducing Social Drives of Health SDOH barriers.
- Medicaid Care Coordination Oversight.
- Oversee daily Medicaid Care Coordination workflows and ensure documentation is complete, accurate, and timely.
- Maintain a working caseload of up to 30 cases, modeling strong case management practices.
- Review staff documentation for compliance with Medicaid Care Coordination metrics, workflows, and program expectations.
- Provide guidance when staff encounter unusual, complex, or high-risk cases.

Quality Assurance (QA)

- Conduct regular QA reviews on case notes, follow-ups, assessments, and outreach logs.
- Monitor staff progress toward monthly and quarterly Medicaid Care Coordination.
- Identify performance gaps and collaborate with the CC Manager on corrective action, workflow follow-up, and additional training.
- Ensure workflows are followed consistently across all Care Coordination work.
- Training & Performance Support.



- Assist with onboarding new staff, including training on workflows, documentation standards, and communication expectations.
- Foster a positive, supportive team culture with a focus on collaboration, problem-solving, and consistent communication.

Referral & Outreach Coordination

- Oversee triaging and delegation of incoming calls and referrals for Montrose, Tri-County, and Medicaid-related campaigns.
- Support staff in meeting follow-up timelines, documentation standards, and outreach expectations.
- Track referral trends and elevate concerns to the CC Manager or Co-ED.
- Stakeholder Engagement.
- Lead Care Team, Complex Case, and Creative Solutions meetings to coordinate support for shared clients.
- Serve as a primary contact for community stakeholders, ensuring timely, professional communication.
- Escalate system-level concerns, gaps, or barriers to the CC Manager or Co-ED.

Program Operations & Collaboration

- Work closely with the CC Manager to align Medicaid Care Coordination operations with broader Care Coordination workflows.
- Assist with program improvements, workflow updates, and special projects as needed.
- Support internal and external communication to ensure continuity of care.
- Maintain confidentiality and uphold TCHNetwork's values in all interactions.

Additional Responsibilities

- Support organizational initiatives, data tracking, and reporting needs.
- Participate in leadership development, conflict resolution training, and skill-building coaching.
- Other duties as assigned.

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.
- Strong communication, organizational, and problem-solving skills.
- Ability to manage multiple responsibilities with professionalism and follow-through.
- People-centered approach, willing to learn and grow in leadership.

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 Drives 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 \$27.00 – 29.50 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: _____