

Quality Improvement Supervisor

Status: Full-Time, Non-Exempt

Reports to: Care Coordination Manager

Supervises: 2–4 Community Programs staff (e.g., Care Coordinators, CHWs, Intake/QI support roles)

Department: Community Programs

POSITION SUMMARY

The Quality Improvement (QI) Supervisor leads quality assurance, documentation excellence, and continuous improvement efforts across Medicaid Care Coordination (Medicaid CC) and Community Health Worker (CHW) programs. This position supervises a small team and ensures staff are supported, trained, and accountable for meeting documentation standards, workflow expectations, and performance measures tied to state, regional, and grant-funded contracts.

The QI Supervisor balances people leadership with hands-on quality improvement work, including audits, training, workflow refinement, and reporting support. This role works closely with the Care Coordination Manager and program leadership to strengthen systems, reduce documentation gaps, and build staff confidence and competency in daily workflows.

ESSENTIAL DUTIES & RESPONSIBILITIES

Supervision & Staff Development

- Directly supervise 2–4 staff, providing regular check-ins, coaching, feedback, and performance support.
- Support staff onboarding, skill development, and ongoing competency related to documentation, workflows, and quality standards.
- Set clear expectations for documentation timeliness, accuracy, and workflow adherence.
- Identify training needs, performance concerns, or workload issues and address them early using a supportive, solutions-focused approach.
- Escalate performance or compliance concerns to the Care Coordination Manager as appropriate.
- Foster a culture of learning, accountability, and continuous improvement.

Quality Improvement & Documentation Oversight

- Lead routine quality audits of Medicaid Care Coordination and CHW documentation to ensure completeness, accuracy, timeliness, and compliance.
- Track, analyze, and report documentation performance measures monthly, identifying trends and areas for improvement.
- Validate care coordination data prior to grant, contract, and oversight reporting deadlines.
- Ensure corrective actions are implemented when documentation or workflow gaps are identified.
- Maintain clear audit tools, tracking systems, and follow-up processes.

Workflow Development & Monitoring

- Support development, refinement, and monitoring of workflows across Medicaid CC and CHW programs.
- Identify inefficiencies, duplication, or bottlenecks and recommend practical improvements.
- Support Plan-Do-Study-Act (PDSA) or similar improvement cycles, including data tracking and outcome review.

Training & Capacity Building: Coordinate with Community Programs Leadership to develop and improve

- Documentation and workflow training for new hires and existing staff.
- Coordinate monthly QI or documentation trainings.
- Small group coaching to reinforce standards and efficiencies.
- Develop and maintain templates, checklists, job aids, and training materials that reduce errors and staff burden.

Reporting, Surveys & Grant Support

- Support grant and contract reporting with data summaries, validation checks, and narrative input.
- Collaborate with managers and leadership on QI-related reports, dashboards, and updates.

Compliance & Organizational Support

- Maintain working knowledge of Medicaid Care Coordination requirements, Rocky Mountain Health Plans, RAEs, and person-centered care standards.
- Conduct site visits as needed to observe workflows, support staff, and complete audits.
- Ensure compliance gaps are documented, communicated, and addressed.
- Perform other duties as assigned to support high-quality, consistent service delivery.

REQUIRED SKILLS & ABILITIES

Leadership & Communication

- Strong written and verbal communication skills.
- Ability to provide clear, constructive feedback with professionalism and respect.
- Comfortable supervising staff and leading through coaching rather than correction alone.

Quality & Data

- High attention to detail; strong ability to identify trends, risks, and inconsistencies.
- Comfortable working with data, audits, and performance metrics.

Problem-Solving & Critical Thinking

- Able to assess root causes and recommend realistic solutions.
- Adaptable to changing program, contract, or system requirements.

Organization & Planning

- Strong time management and prioritization skills.
- Able to manage multiple deadlines, audits, and staff needs simultaneously.

Teamwork & Professionalism

- Collaborative, approachable, and committed to staff success.
- Maintains confidentiality and models professional boundaries.

Technology

- Proficient in Microsoft Office (Word, Excel, PowerPoint, Outlook).
- Comfortable learning and using multiple documentation and reporting platforms.

QUALIFICATIONS

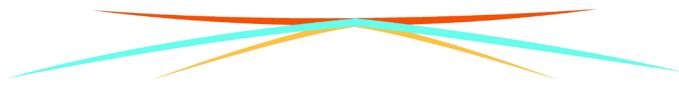
Required

- 3+ years of experience in healthcare, quality improvement, care coordination, public health, or a related field.
- Familiarity with Medicaid Care Coordination or CHW programs.
- Prior experience providing staff coaching, training, or informal supervision.
- Strong documentation and writing skills.
- Experience with audits, workflows, or reporting.
- Ability to work independently and travel across service areas.

Preferred

- Bachelor's degree in healthcare, public health, social work, human services, or related field.
- Experience supervising staff in a healthcare or human services setting.

TRI-COUNTY HEALTH NETWORK



- Experience with quality improvement methodologies (PDSA, Lean).
- Knowledge of SDOH and person-centered care principles.

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 \$28.00 - \$31.00 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: _____