



**Request for Qualifications:  
Medical Case Management Clinical Supervisor  
Care and Supportive Services**

**Agency Mission and Description**

Latino Community Services, Inc. (LCS) is a Hartford, Connecticut based non-profit organization whose mission is to reduce the spread of HIV/AIDS among the Latino community and other populations at risk and improve the quality of life and health outcomes of individuals affected by HIV/AIDS. LCS provides community-based services including medical case management services for people with HIV, support groups and counseling for substance abusers, HIV counseling and testing, medication adherence, medical transportation, and interpretation.

**Medical Case Management Program**

The goal of medical case management program, part of the Care and Supportive Services Unit, is to enhance access to and retention in culturally competent medical care for eligible people living with HIV to a range of client-centered services through self empowerment and advocacy. The medical case manager (MCM) performs these roles and responsibilities by demonstrating professionalism, compassion, respect for client's dignity and cultural competence.

Some of the medical case manager's roles and responsibilities include and are not limited to the following: Maintaining a professional relationship and protecting the oral, written and electronic confidentiality of client; conducting an intake and ongoing care planning that includes all necessary information to link and retain Ryan White eligible clients to care; monitoring client's progress to meeting established goals of care; coordinating referrals and tracking linkages and outcomes; actively participant in team meetings or case conference; and participating in trainings as mandated by the grantee.

**Approach to Providing Services**

As is currently required by the Department of Public Health (DPH), medical case managers assess the client's Individual Care Plan every six months. During the client's first six month cycle with the case manager, the case manager request the client's CD4 counts and viral load and helps the client explore his/her existing barriers to care. Upon receiving the medical information, case managers utilize this information to develop an Individual Care Plan with the client that is consistent with improving his or her health outcomes. Throughout this first case management cycle, clients tend to be more dependent on their case managers, so more attention is given to stabilizing the client.

In the second case management cycle, the case manager examines the change in the client’s CD4 and viral load as well as determines if those changes are consistent with the Individual Care Plan’s expected outcomes. If the client’s outcomes have improved, the client moves closer to client empowerment whereas the case manager will assume a supportive role in management. However, if the outcomes are not consistent with the Individual Care Plan’s expected outcomes, the case manager together with the client work together to re-assess the service plan to help remove barriers to care.

In the third case management cycle the case manager evaluates the impact of case management on the client’s CD4 and viral loads. The case manager has the discretion of continuing services for an additional case management cycle depending on the client’s capacity to achieve self-management.

The following table shows the LCS comprehensive medical case management program with the core function and sample care plan support functions:

<b>LCS Comprehensive Medical Case Management Program</b>		
<b>Medical Case Management Core Functions</b>		<b>Sample Individual Care Plan Support Functions</b>
<ul style="list-style-type: none"> <li>• Intake</li> <li>• Assessment</li> <li>• Service Plan Development</li> <li>• Monitoring and Evaluation</li> <li>• Re-assessment</li> <li>• Outcome Evaluation</li> <li>• Discharge/Referral</li> </ul>		<ul style="list-style-type: none"> <li>• Referral and Linkage to Appropriate Community Resources</li> <li>• Linkage to Medical Care</li> <li>• Medical Transportation Services</li> <li>• Medical Interpretation Services</li> <li>• Medication Adherence Sessions</li> <li>• Food Pantry/ Basic Needs</li> </ul>

## Medical Case Manager Clinical Supervisor

### *Purpose*

The goal of the Medication Case Manager Clinical Supervisor is to provide guidance, clinical direction and supervision to the Medical Case Management in order to enhance their professional functioning and to monitor the quality of professional services offered to clients.

The clinical supervisor will conduct the following duties as follows:

- Developing ongoing individual and group clinical supervision sessions for staff, teaching clinical skills and current counseling theories, monitoring staff skill development and in turn ensuring client welfare
- Developing a relationship of safety and trust in order to provide support to staff experiencing new and challenging situations. This includes being able to support medical case managers strengths as well as encouraging and teaching counselors to use new and/or different skills and intervention technique and evaluating staff competences.
- Examining problem-solving factors that may impact the clinical supervision relationship including staff resistance, anxiety, transference, and counter-transference.
- Assisting staff in examining aspects of their own behavior, thoughts, or feelings that impact the work with clients, including barriers with clients and peers.
- Teaching, mentoring and providing training in clinical experience which may include assigning readings, role-playing and providing training, workshops and implementing learning tools when ever necessary.
- Providing regular, timely, objective, balanced feedback regarding staff competencies and giving specific instructions and direction to staff with regards to ethical and legal issues
- Helping staff debrief in difficult and complex cases (ie. Trauma, high medical issues, mental illness), and assist in managing crisis situations to limit staff burnout and vicarious trauma
- Participating in meetings with the Program Coordinator as needed
- Work collaboratively with other clinical supervisors in other programs as needed
- Respond to program and staff within 24 hours from a request for assistance or question
- Quality assurance-chart reviews, 5 a quarter or more as needed
- Participating in trainings provided by the Department of Public Health to stay abreast of any changes in the HIV medical case management programs and form requirements

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### **Minimum Qualifications:** Incumbent must legally possess:

- CT State License in psychology, social work, marriage and family therapist with a graduate degree in psychology, social work or counseling preferred.

- Experience in the provision of health services
- Experience in meeting compliance standards for federal, state and local government contracts and grant requirements
- Excellent verbal and written communication skills
- Valid CT driver's license
- At least (3) years of experience working with individuals living with HIV/AIDS
- At least (2) years of experience providing clinical services to individuals
- Knowledge of the principles and practices of HIV Medical Case Management
- At Least (2) years experience providing clinical supervision to both Part A and Part B Medical Case Managers under the Ryan White Care System
- At least (2) years experience providing case management services
- Be willing to provide clinical supervision work at LCS with their own access to technology, laptops, etc.
- Organized, able to multi-task and meet strict deadlines
- Flexible work schedule
- Bilingual (Spanish/English) individual preferred but not required.

**Requirements for RFQ response**

All response must include a statement of qualifications concisely describing the applicant's capabilities as a clinical supervisor. This response must keep in mind the medical case management program and duties listed for a clinical supervisor. The response must include the following:

1. A track record of formal clinical supervision services as well as an understanding of HIV/AIDS and its impact on minority communities, preferably demonstrated by previous work
2. A listing of previous clients and/or projects
3. A statement, in one page or less, of any other relevant factors that should be considered by LCS in evaluating the proposal.
4. Resume for the individual working on the project
5. Proposed hours must be between the hours of 8:00AM-4:00PM

Responses shall be evaluated by the program coordinator and executive director on the basis of the applicant's skill sand experience, propose cost, completeness of response, and ability and willingness to work with LCS leadership.

**Terms & Conditions**

1. The awardee must be fully committed to the mission of Latino Community Services
2. A contract will be signed by the awardee and Latino Community Services will re-evaluate contract on a quarterly basis for clinical supervision, with the extension based on deliverables.

3. Termination-a termination agreement is to be negotiated between the parties that includes provisions on termination for cause and termination for convenience.
4. Compensation-the cost of the services are not to exceed \$1, 250 a month and must include at least 10 hours a month.

### **Proposal submission**

All bids proposals will consist of one electronic PDF copy of the proposal emailed to:  
[aortiz@lcs-ct.org](mailto:aortiz@lcs-ct.org)

Proposals will not be accepted via postal mail or facsimile

It shall be the responsibility of the applicant to email the proposal on or before the 4pm on Friday, February 19, 2010. LCS reserves the right, at its sole discretion, to reject and return without review and proposal received after the proposal submission time and date.

Applicants will be notified of a decision by Tuesday, February 24, 2010.

For more information about this RFQ, please contact:

**Amy T Ortiz**  
**Care and Supportive Services Program Coordinator**  
**Latino Community Services, Inc.**  
[aortiz@lcs-ct.org](mailto:aortiz@lcs-ct.org)

Questions must be received by email by February 16, 2010. Responses will be sent by February 19, 2010.