

Vermont Chronic Care Initiative Referral Form



Patients must be enrolled in Medicaid, VHAP, Dr. Dynasaur or PCPlus as their sole insurance, and they must have one or more of the following conditions:

- Coronary Artery Disease
- Hypertension
- Congestive Heart Failure
- Chronic Renal Failure
- Diabetes
- Hyperlipidemia
- Arthritis
- Depression
- Chronic Obstructive Pulmonary Disease
- Low Back Pain
- Asthma

To refer a Vermont Medicaid, VHAP, PCPlus or Dr. Dynasaur member into the **Vermont Chronic Care Initiative** please complete the information below and fax it to **802.288.1417** or call toll-free **866.900.5004**

VT Medicaid Client (Patient) Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number(s): _____

DOB: _____

Medicaid # (Optional): _____

Primary DX: _____

Reason for referral to Health Coach or Care Coordinator

- Client needs education (disease, treatment plan)
- Reinforce medication and/or treatment compliance
- Provide links to community resources
- Assist coordination of care and/or services
- Other: _____

Provider/Facility Information

Referring staff name: _____

Facility/Office: _____

Address: _____

Phone: _____

Fax: _____

Primary Care Physician: _____

Client is aware of referral to VT Chronic Care Initiative:

- Yes
- No

Notes: _____

APS Healthcare use only

Date Rec'd: _____ Deferred: _____ Opened: _____ HC/CC: _____

Vermont Chronic Care Initiative is offered by the Office of Vermont Health Access to VT Medicaid beneficiaries at no cost. The initiative provides individuals with one-on-one support from a nurse, educational materials to encourage the self-management of their health and assistance in coordinating their care among multiple providers. VT Medicaid providers can access data and messaging services in the APS Healthcare, Inc. CareConnection® system at vtcci.com

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