



# VERMONT CHRONIC CARE INITIATIVE

Healthy Together

Department of Vermont Health Access  
NOB 1 South, 280 State Drive  
Waterbury, VT 05671-1010



1-866-900-5004

## Vermont Chronic Care Initiative Referral Form

The Vermont Chronic Care Initiative (VCCI) is offered by the Department of Vermont Health Access to eligible Vermont Medicaid members at no cost. The VCCI provides short term, holistic, intensive case management to improve individual and population health.

Members must be enrolled in **VT Medicaid** or **Dr. Dynasaur** as their sole insurance. Members can not have other CMS covered case management services. Indicators for referral to VCCI include:

- ◆ High Emergency Room Utilization
- ◆ Frequent Hospitalizations
- ◆ Polypharmacy
- ◆ Multiple Providers
- ◆ Complex Health and Psychosocial History

**Fax completed referral form to: 802-288-1417**

### Member Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicaid ID # (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Vermont, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Type (circle): Cell Home Other: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

#### Reason for referral to VCCI:

- Member needs education (disease, treatment plan)
- Reinforce medication and/or treatment adherence
- Psychosocial needs
- Provide links to community resources
- Assist coordination of care and/or services
- MOMS Service (See Below) → Gestational Age: \_\_\_\_\_

The Medicaid Obstetrical and Maternal Support (MOMS) Service is a case management service offered through the Vermont Chronic Care Initiative.

The MOMS Service is free and for women who are pregnant and:

- Had a baby born earlier than 32 weeks in the past **or**
- Have a history of substance abuse **or**
- Are on Methadone or Buprenorphine **or**
- Have a mental illness diagnosis



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### VCCI Local Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

### Provider/Facility Information

Date of Referral: \_\_\_\_\_

Referring Staff Name: \_\_\_\_\_

Facility/Office: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Is Member aware of referral to the VCCI?

Yes  No

### Notes

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