



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: _____

Date of Next PCP Visit: _____

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

Inclusion of current medication list, treatment note (related to referral) and lab information with referral is greatly appreciated.

Thank you!