



Dept. of VT Health Access
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Vermont Chronic Care Initiative Referral Form

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

Fax completed referral form to: 802-241-0266



Questions? Call: 1-866-900-5004

VCCI Quick-Screen

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

YES to any of the below? ⇔ Refer to VCCI!

Member Information

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Member has comorbidities (new or prior dx), including mental health/substance use disorder and a need for monitoring of treatment plan or medication adherence; needs coordination with community resources including housing, food.	Member aware of referral?
<input type="checkbox"/>	<input type="checkbox"/>	Member would benefit from community-based visits to support treatment plan, plan of care or redirection to patient centered medical home.	If <18, is parent/guardian aware?
<input type="checkbox"/>	<input type="checkbox"/>	Member is new to Medicaid and needs orientation to the system of healthcare (i.e. PCP) and healthcare related resources (i.e. housing, food).	Member Name:
<input type="checkbox"/>	<input type="checkbox"/>	For Providers only: Do you spend more than 50% of your office visit on case management services (low self-management skills, housing, food, low literacy, trauma, or cognitive impairment)?	Date of Birth:
			Medicaid ID # (optional):
			Address:
			City, State, Zip:
			Phone Number:
			PCP Name:
			Primary Diagnosis:
			Reason for referral to VCCI:

Notes

Provider/Facility Information

Date of Referral:	
Referring Staff Name:	
Facility/Office:	
Address:	
Phone:	
Fax:	