



# VERMONT CHRONIC CARE INITIATIVE REFERRAL FORM

Vermont Chronic Care Initiative is offered by the Department of Vermont Health Access to VT Medicaid beneficiaries at no cost. VT Medicaid providers can access data and messaging services in the APS Healthcare, Inc. CareConnection® system at [vtcci.com](http://vtcci.com).

Patients must be enrolled in **Medicaid** or **Dr. Dynasaur** as their sole insurance. Patients cannot have other case management services. Patients can have any chronic condition and one of below:

- High ER Utilization
- Frequent Hospitalizations
- Polypharmacy
- Medical, Behavior of Psychosocial Instability
- Emerging needs that could destabilize health status

To refer a patient to **Vermont Chronic Care Initiative** please complete the information below and fax to **1-802-288-1417**. For further information call **1-866-900-5004**.

380 Hurricane Lane, Suite 102  
Williston, VT 05495



**VTCCI.com 1-802-288-1417**

VCCI Local Contact: \_\_\_\_\_

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

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

To save this form after completing, go to the "File" menu, select "Save As..." and rename the file. Then click the "Save" button.

Date: \_\_\_\_\_

## VT MEDICAID CLIENT (PATIENT) INFORMATION

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

DOB: \_\_\_\_\_

Medicaid # (Optional): \_\_\_\_\_

Primary DX: \_\_\_\_\_

Reason for referral to Case Manager:

- Client needs education (disease, treatment plan)
- Reinforce medication and/or treatment adherence
- 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 Provider: \_\_\_\_\_

Client is aware of referral to Vermont Chronic Care Initiative:

Yes  No

### NOTES:

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### VCCI USE ONLY

Date Rec'd: \_\_\_\_\_

Deferred: \_\_\_\_\_

Opened: \_\_\_\_\_

CPS/CM/SW: \_\_\_\_\_