



Agency of Human Services
166 Horseshoe Drive
Waterbury, VT 05671

Vermont Chronic Care Initiative Referral Form

The Vermont Chronic Care Initiative (VCCI) is offered by the Agency of Human Services to eligible Vermont Medicaid members. The VCCI provides short term, holistic, intensive case management to improve individual and population health.

Fax completed referral form to: 802-241-0266 or email: ahs.vccifaxreferrals@vermont.gov



Questions? Call: 1-866-900-5004

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

Reason for Referral & Notes: (required)

Referral Information (required)

Date of Referral:	
Referral Contact:	
Facility/Office:	
Address:	
Phone:	
Other:	

Other Referrals Placed?

- No
- Yes (ex: VNA, COA, DAIL, etc.) _____

Member Information (required)

Member aware of referral?	
Primary Diagnosis	
Member Name:	
Date of Birth:	
Medicaid ID # (optional):	
Address:	
City, State, Zip:	
Member Phone Number:	
PCP Name / Clinic Name:	
Is PCP aware of referral to VCCI:	
PCP Phone Number:	

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.
<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.
<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).
<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)?