



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 and provides short term, community based case management to eligible Vermonters with complex health and social needs. Our service model is whole person centered, using a team based care approach.

Fax completed referral form & ROI to: 802-241-0266 or Email: ahs.vccifaxreferrals@vermont.gov
Email functionality is only for receiving faxes, we cannot reply



Questions? Call: 1-866-900-5004

Please allow 1-2 business days for processing.

Incomplete forms delay processing; include signed ROI.

Reason for Referral / Notes: (required)

Include helpful info for contacting, engaging, meeting with member in person:

Referral Information: (required)

Date of Referral:	
Referral Contact:	
Facility/Office:	
Address:	
Phone:	
Dates of Last & Next Visit with you:	

PCP Information: (required)

PCP Name / Clinic Name & Phone Number:	
Is PCP aware of referral to VCCI:	
Date of next PCP visit:	

Other Referrals Placed?

No

Yes (ex: VNA, COA, DAIL, etc.)

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Member Information: (required)

Yes No <input type="checkbox"/>	Member has complex health & health related social needs and does not have connections with healthcare +/- service providers in the community.	Member aware of referral?	
Yes No <input type="checkbox"/>	Member would benefit from community-based visits to support their goals, treatment plan, plan of care or redirection to patient centered medical home.	Does member need an interpreter? If yes, what language?	
Yes No <input type="checkbox"/>	Member is new to Medicaid and needs orientation to the system of healthcare (i.e. PCP) and health related resources (i.e. housing, food).	Member Legal Name:	
Yes No <input type="checkbox"/>	For Providers only: Do you spend more than 50% of your office visit on case management services due to complexity of health and health related social needs?	Member Preferred Name:	
		Date of Birth:	
		Medicaid ID #:	
		Member Address:	
		Member Phone Number:	

Visit us online at: [www.dvha.vermont.gov/providers/vermont chronic care initiative](http://www.dvha.vermont.gov/providers/vermont_chronic_care_initiative)