

Adult High-Tech Nursing Program REFERRAL FORM

Directions: A Medical Provider (MD, NP, or PA) must complete this **ENTIRE** form and fax it to:

802-241-0385 Attn: Adult High-Tech Program

Questions? Call (802)241-0294 and ask for the high tech nursing coordinator; or email:

AHS.DAILASDAAdultHighTechNursingProgram@vermont.gov

You are encouraged to attach additional clinical information. You may be contacted if more information is needed.

PROGRAM ELIGIBILITY CRITERIA – The client must meet all of the below:

- Have Vermont Medicaid,
- Be a Vermont resident residing in-state,
- Be greater than 21 years old,
- Require more individual and continuous skilled nursing care than can be provided in a skilled nurse visit,
- Require care outside the scope of services provided by a Home Health Aid/PCA, and
- Have at least two caregivers available to provide care at home who are able to accommodate the necessary medical equipment and personnel needed to safely care for the adult.

CLIENT'S INFORMATION

Full Name		Guardian Name(s)			
Diagnosis			ICD-10 Code		Date of Diagnosis
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth	Medicaid ID No.	Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	
Home Address					
City		State VT	Zip	Phone	
Mailing Address, if different					

REFERRING PROVIDER INFORMATION

Full Name		Medicaid Provider#	Practice Care Coordinator Name		
Practice Name & Address					
City		State	Zip	Phone	

LEVEL OF CARE – The following information does not guarantee services.

Which of the following characterizes this client's risk for hospitalization:

- Currently hospitalized
- Little or no risk of hospitalization
- Multiple hospitalizations in the past 12 months (2 or more inpatient admissions)
- Increased risk due to chronic fragile state

Which description best fits this client's overall status? This client is...

- Stable with no heightened risk(s) for serious complication and death
- Temporarily facing high health risks but is likely to return to being stable without heightened risk(s) for serious complications and death
- Likely to remain in fragile health and have ongoing high risk(s) of serious complications and death

Needs: mechanical ventilation airway clearance IV administration observation and intervention

Anticipated Duration: <3 months 3-6 months 6-12 months >12 months

Equipment: mechanical ventilator PICC/central line peripheral line enteral tube suction

MD/NP/PA Signature	Date	FOR ASD USE ONLY Date Received Initials
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