

## 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 <b>VT</b>	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	<b>FOR ASD USE ONLY</b>
		Date Received      Initials