

RECUPERATIVE CARE PROGRAM (RCP) EXTENSION REQUEST

Directions: RCP staff will complete this form and email the request to C3CAP and the requesting health system. Extensions are reviewed on an individual basis and will be considered when assistance is needed as a bridge to a longer lasting solution and the care plan clearly indicates it is in the best interest of the patient.

Extensions are limited to 30 days with a maximum reimbursement of \$216/day.

RCP Staff

Name:

Phone:

Location:

Email:

Request Information

Has the client been enrolled in RCP previously? Yes No

Service Request #: Date of Entry into RCP: Anticipated Discharge Date:

Anticipated Plan for Discharge:

Reason for Extension:

Please include 1) Medical Stability, 2) Primary Care/Medical Home, and 3) Bridge to Housing Plan.

Authorization

Health System Staff

Date:

Name:

Signature:

C3CAP Staff

Date:

Name:

Signature:

Email: c3cap@projectaccessnow.org

Phone | Fax: 503-345-6732

Mail: Attn: C3CAP, PO Box 10953, Portland, OR 97296