

Child/Adolescent Services-ISPT Meeting Notification Form

Please utilize our electronic process for inviting CCM's to ISPT meetings via Jiva/NaviNet. This form should only be submitted if you cannot utilize NaviNet. All CCM responses will be sent via Jiva and available for review in the Member's record.

Member's Name \_\_\_\_\_ MAID # \_\_\_\_\_

County  Cumberland  Dauphin  Franklin  Fulton  Lancaster  Lebanon  Perry

Notification of change to an original meeting notification. What was the original meeting date? \_\_\_\_\_

Notification of a cancellation of the meeting date. What was the original meeting date? \_\_\_\_\_

Requested Meeting Date \_\_\_\_\_ Requested Meeting Time \_\_\_\_\_

Meeting Location \_\_\_\_\_

Provider Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Person facilitating the meeting \_\_\_\_\_ Title \_\_\_\_\_

Phone # for the meeting-please include all conf. numbers if applicable \_\_\_\_\_

**Meeting Type (Please check only one type)**

- 1.  Initial  Re-Auth  Combo  
Level of Care (required) \_\_\_\_\_
- 2.  Treatment/Concurrent Review  
Level of Care (required) \_\_\_\_\_ Number of Days \_\_\_\_\_
- 3.  Discharge  
Level of Care (required) \_\_\_\_\_
- 4.  CASSP Meeting
- 5.  Other Meeting Type (please explain) \_\_\_\_\_

**Service System Involvement**

Please check if the Member is involved with any of the following:

CYS  Juvenile Probation  Targeted Case Management  ID Support Coordination