



**ALAMANCE-CASWELL-ROCKINGHAM  
LOCAL MANAGEMENT ENTITY**

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**David M. Carter**  
Chair, Area Board

**To: Enrolled Providers**

**From: Alicia Graham, LPC**  
**UM Manager**

**Date: November 6, 2006**

**Re: Communication Bulletin # 15**  
**Treatment Request Form Revised**

As we continue to manage services it is important that we get specific information about client behaviors, interventions, and progress toward identified goals. We have found that our current Treatment Request form does not give us the detail information that we need, so we have to call for additional information in many cases. In an effort to make our system more efficient and to get the type of information that we need upfront, we have revised our Treatment Request form. Please understand that this does not mean that you will not get a phone call to clarify something or to ask for additional information, but it is our hope that this will happen less often. The revised Treatment Request Form is dated 10/26/06 and is effective November 20, 2006. The form must be legible and filled out completely in order to be processed. You may download the form at [www.acmhdds.net](http://www.acmhdds.net). Telephonic request are still an option but fax or mail is preferred. Completed Treatment Request forms are to be mailed or faxed to the address on the top of the form. Please note that we do not intend to change this form again for at least a year, unless required to do so to meet State or Accreditation standards.

Questions regarding service authorization processes should be directed to Alicia Graham at 336-513-4200 ext. 4131 or via email at [agraham@acmhdds.org](mailto:agraham@acmhdds.org). If you have questions concerning the status of an authorization you may contact Mary Anne Johnson at ext. 4147 or [mjohnson@acmhdds.org](mailto:mjohnson@acmhdds.org).