



TENNESSEE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
Office of Crisis Services and Suicide Prevention
Andrew Jackson Building, 5th Floor
500 Deaderick Street
NASHVILLE, TENNESSEE 37243

4th day request for additional 24 hours of treatment at a Crisis Stabilization Unit
DO NOT SEND IDENTIFYING INFORMATION ON THIS FORM

Date of request:

Initials of patient or patient ID#:

Date of admission:

Time of admission:

AM ☐ PM ☐

Requesting CSU:

☐ Nashville: Mental Health Cooperative

☐ Hamblen: Cherokee

☐ Cookeville: Volunteer

☐ Jackson: Pathways, Inc.

☐ Chattanooga: Volunteer

☐ Memphis: Alliance Healthcare Services

☐ Johnson City: Frontier

☐ Knoxville: Helen Ross McNabb

Requesting physician/advance practice nurse:

Phone number:

E-mail:

Reason for Admission:

Diagnosis:

We are requesting an additional 24 hours of treatment because of the following reasons:

TREATMENT: Please indicate course of treatment, reason for continued need for treatment at the CSU and anticipated date of discharge:

DISPOSITION: Please indicate placement options sought, obstacles to placement, plans to secure placement and anticipated date of discharge:

Please forward this information to TDMHSAS's, Office of Licensure and TDMHSAS, Director of Crisis Services, Morenike Murphy, at least 12 hours prior to needing the extra hours of care. All requests should be sent via email to the address below. Please note that approval of this waiver does not guarantee payment. Payment will be determined based upon each agency's contract budget, terms and conditions.

csu.waiver@tn.gov