

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

4<sup>th</sup> 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:

- |                                                               |                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Nashville: Mental Health Cooperative | <input type="checkbox"/> Hamblen: McNabb Center                |
| <input type="checkbox"/> Cookeville: Volunteer                | <input type="checkbox"/> Jackson: Pathways, Inc.               |
| <input type="checkbox"/> Chattanooga: Volunteer               | <input type="checkbox"/> Memphis: Alliance Healthcare Services |
| <input type="checkbox"/> Johnson City: Frontier               | <input type="checkbox"/> Knoxville: McNabb Center              |

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 the TDMHSAS Office of Licensure and TDMHSAS Office of Crisis Services and Suicide Prevention at least 12 hours prior to needing the extra hours of care. All requests should be sent via email to the addresses 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](mailto:csu.waiver@tn.gov) and cc: [christy.east@tn.gov](mailto:christy.east@tn.gov)  
Office: (615) 532-6590

