

**Nevada Health Connection**  
**Network Participation Standards and Guidelines**  
*Network standards adopted as of 8.10.2020*

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Behavioral Health in Nevada

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The State of Nevada has worked to address its ailing mental health system for the better part of a decade. In 2004 Clark County declared a crisis when two thirds of the valley's emergency rooms were filled with psychiatric patients<sup>i</sup>. Despite numerous efforts at system reform through policy change, the state has struggled to rise in National Rankings. All 17 of Nevada's counties are federally designated Health Professional Shortage Area (HPSA) for Mental Health Professionals<sup>ii</sup>. One in 5 adults will experience mental illness in a given year that can disrupt a person's thinking, feeling, mood and daily functioning.<sup>iii</sup> Crisis Mental Health in the United States, and in Nevada, is inconsistent and antiquated. In Nevada, Crisis Services are not responsive, and lack intermediate levels of care and strong discharge planning. Nevada's current system perpetuates a revolving door, and dependency on police and emergency medical services. All of this leads to Emergency Room Boarding, creating bottlenecks for admissions for those who are in need of timely inpatient care<sup>iv</sup>.

In 2013, Nevada had the 4<sup>th</sup> highest drug overdose mortality rate in the United States, with 20.7 per 100,000 people dying by drug overdose. In 2015, Nevada ranked 2<sup>nd</sup> highest for hydrocodone and oxycodone prescriptions, and 4<sup>th</sup> highest for methadone. These alarming statistics prompted the Sandoval Administration to take bold action. Between 2015 and 2018, the State of Nevada adopted progressive and innovative policy changes to curb deaths and prevent new addictions. The state has been aggressive in leveraging and maximizing federal funds to support the development of a substance abuse treatment infrastructure. Funds from the US Department of Health and Human Services, and Substance Abuse and Mental Health Services Administration, and the Center for Disease Control and Prevention have been used for training prescribers, monitoring prescribing practices, and providing naloxone distribution and training. While the overall rate of overdoses has declined since 2013, new public health crises loom. This includes an increased prevalence of fentanyl<sup>v</sup>, as well as increased risk in the amount of bloodborne infections, HIV and HepC, which is related to increased injection drug use<sup>vi</sup>. Public Health professionals now warn of the intersection of opioids and suicide, of those Americans who die by suicide, 26% had opiates present in their system at the time of death<sup>vii</sup>.

Despite policy changes, and the leveraging of federal funds and programs to improve our mental health system, Nevadans still cannot efficiently and expeditiously access behavioral health services. This lack of access has resulted in long ER stays, denied referrals for treatment and increased costs to the patient and the health care system. While there are many reasons the state has struggled to improve in this area, notable challenges include varied and antiquated referral practices and a system that is not

transparent. A behavioral health system that lacks transparency has created challenges in moving towards a system that is driven by data which will lead to greater information and data sharing across public health, health care, and social service systems.

To ensure that Nevadans are able to access the most appropriate care for their needs, and to improve health outcomes, the state has launched the OpenBeds system which will support the Nevada Health Connection (NHC). Through the NHC, individuals in crisis and individuals seeking care for themselves or loved ones will be able to receive a referral to care. OpenBeds will act as a central hub for the NHC, and the state's Crisis Care Response System. OpenBeds is a platform for providers so that they can view service availability in their area, as well as for providers to make electronic referrals through the system. The OpenBeds dashboard feature will allow the state to better monitor treatment availability in Nevada.

As the state of Nevada works towards these goals and objectives, the NHC program will create systems that meet people where they are and when they are ready for help. A transparent system that is designed to meet people where they are will support an individual's ability to adapt and recover from challenges they face. This will strengthen the resiliency of Nevadans. Sustainable communities are built by resilient individuals. It's through this work that we will reach the goal of making Nevada a safer, healthier, and stronger state.

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## Nevada Health Connection Network Goals

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### **Goal 1: Improved Quality of Referrals Based on Appropriate Levels of Care Determination.**

All OpenBeds Users at Clinical and Community referral points will utilize decision support assessment tools in OpenBeds to ensure individuals are being routed to the most appropriate level of care for their needs.

### **Goal 2: Improved timeliness of Behavioral Health Referrals from Clinical Settings and Community Services.**

All OpenBeds Users at Clinical and Community referral points will utilize the treatment finder within OpenBeds to send referrals for treatment.

**Goal 3: Decrease in the number of declined referrals.**

All treatment providers will provide a reason for denial when a referral is being denied.

**Goal 4: Increased System Transparency.**

OpenBeds Data will be reviewed by the OpenBeds Program Staff and disseminated at least quarterly.

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Nevada Health Connection  
Network Standards

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The Network Standards contained in this document will apply to all participants in the NHC Network that utilize the OpenBeds Platform to send and receive referrals.

The NHC staff reserve the right to update the Network guidelines to ensure the state's goals are being met. Any changes to the network standards will be done through the NHC Governance and Policy Committee. Any network members will be able to participate in Governance and Policy Committee Meetings to provide feedback on the network standards.

**1. Digital Referrals and Communications.** In addition to more effectively and efficiently placing patients into treatment, the OpenBeds platform captures key and essential referral process and outcome information that are not otherwise captured through manual (phone call/fax) referral processes through the use of a digital referral form. OpenBeds, through its contract with the state, provides this information to the state in a de-identified and aggregated manner. The state intends to use this information to help identify gaps in care, inform resource allocation decisions, capture best practices, better pool resources, and connect patients to the NHC Network resources and services. Your adherence and enforcement of the requirements below will increase the likelihood of more successful treatment outcomes, more efficient operations at your facilities, and the availability of information the state may use to make system-wide improvements.

a. Network Participant Requirements.

- i. Participants will utilize the digital referral forms between network members
- ii. The OpenBeds referral form will replace faxes with file attachments to digital referrals or subsequent communications

- iii. Referring network participants will work to ensure all Nevada Medicaid Managed Care Patients will be referred in to their Managed Care Organization (MCO) Network
- iv. All participants will assign and ensure users are monitoring OpenBeds for responses
- v. All received referrals will be acknowledged (responded to) and any subsequent communications will be made within 30 minutes or receipt.
- vi. Use the “Accept” or “Decline” radio buttons
- vii. Provide feedback regarding referral outcome, e.g., client showed up for intake assessment
- viii. Use the “Open” and “Close” radio buttons.
- ix. Use “Show” and “No Show” radio buttons.

**2. Updating Bed and Next Appointment Availability.** The OpenBeds system will provide date and time stamps for each instance a treatment facility updates its bed count, next-available appointment or comments in order to provide necessary transparency to our referring population and, more importantly, prevent referrals from being sent to facilities with no availability. There is a balance between providing sufficient information to prevent declined referrals and the burden of updating availability. Thus, we expect acute inpatient care and residential treatment beds to be updated at least once daily and all other services as necessary. Done correctly, collectively, and consistently throughout the network, this action will help reduce the number of declined referrals and provide the state with information that will help it identify gaps in care, and therefore, better target resources. To achieve this, all receiving providers are required to update their service availability per the specified times provided in Table A.

- a. Network Participant Requirements.
  - i. All receiving providers are required to update their service availability per the specified times provided in Table A.

a. Table A.

Service Type Category	Services in Category	Frequency	Notes
Acute Inpatient Care	Inpatient Psychiatric Inpatient Withdraw Management MAT Non OTP Crisis < 23 hrs Crisis > 23 hrs.	Twice daily	Recommended updating in the morning and evening.
Residential Treatment	Residential Mental health Residential Substance Use Disorder	Once Daily	Recommended using and updating “comments” daily to demonstrate active participation
Outpatient Treatment	Intensive Outpatient Community Based Services MAT OTP Out Patient Counseling Recovery Support Services Peer Support	As Necessary	Use the “comments” box to display next appointment time or list walk in hours
Recovery Housing	Sober living Supportive Housing	As Necessary	Use the “comments” box to communicate waiting list information

**3. Social Services Supports.** The state is keenly aware that providing patients with the social services support they need before, during, and after behavioral health treatment dramatically increases the probability of achieving successful treatment outcome for the patient. The OpenBeds platform provides for the ability to request those social services either through a direct referral to one of our support agencies or through a notification through the State’s 211 system.

a. Network Participant Requirements.

- i. If the provider determines the patient has extenuating social service needs, a referral to 211.
- ii. If a provider is utilizing the OpenBeds system to generate a referral in a community where GoodGrid, or another intensive case management tool is available, the social services referrals should be sent through that system if it is available.

**5. Decision Support Tool, Assessment Utilization.** Patient assessment tools to determine level of care needs which will help a referring provider make the most appropriate referral based on their patient’s needs. The Triage Assessment is not intended to replace a Health Plan Assessment for placement or payment. If the patient

has insurance, their health plan should also do their own assessment. When the assessment is done by a non-clinical community provider the user generating the referral will attach the print out of the assessment to the referral form.

a. Network Participant Requirements.

- i. All clinical referral providers will complete and American Society for Addiction Medicine assessment when making a referral for substance abuse treatment.
- ii. All community-based referral providers will complete the triage tool when making a referral for substance abuse treatment.
- iii. If the patient is a Medicaid MCO, the assessment should be done by the MCO or by a contracted MCO Behavioral Health Provider of the MCO.

## Reference Page

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- <sup>i</sup> Getting psychiatric patients out of ERs, Las Vegas Sun, October 9<sup>th</sup>, 2009. <https://lasvegassun.com/news/2009/oct/09/getting-psych-patients-out-ers/>
- <sup>ii</sup> HPSA Find, data.HRSA.gov. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- <sup>iii</sup> NAMI National Report: <https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis>
- <sup>iv</sup> Crisis Now Summit
- <sup>v</sup> The Spiraling Opioid Epidemic in America: <https://www.visualcapitalist.com/the-spiraling-opioid-epidemic-in-america/>
- <sup>vi</sup> Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks, CDC, NCHHSTP. <https://www.cdc.gov/pwids/vulnerable-counties-data.html>
- <sup>vii</sup> National Violent Death Registry