

OpenBeds of Nevada Standards & Guidelines Overview

OpenBeds has long served as a foundational tool in strengthening Nevada’s behavioral health system, providing real-time digital infrastructure to manage statewide bed and service availability and streamline referrals. Nevada has further advanced this system through its collaboration with Carelon, the State of Nevada’s Crisis Administrative Services Organization, to establish a second 988 call center in Southern Nevada—part of a broader effort to enhance coordination among state agencies, providers, and crisis response partners. As the state continues to expand and refine its crisis care continuum, timely access to beds through the OpenBeds registry is more vital than ever.

The effectiveness of the Nevada Crisis Response System depends not only on rapid response and stabilization, but also on the ability to efficiently connect individuals in crisis to the appropriate level of care. OpenBeds supports the mission by providing real-time bed availability and enabling streamlined digital referrals across the behavioral health network. These capabilities help ensure individuals receive timely, appropriate care, reducing delays, minimizing unnecessary emergency department use, and improving overall outcomes.

These standards and guidelines are intended to ensure the consistent, high-quality use of OpenBeds across Nevada’s behavioral health and crisis systems. They reflect the state’s commitment to data accuracy, operational transparency, and care coordination, while supporting providers in delivering timely, person-centered services. As the behavioral health landscape evolves, maintaining and strengthening this infrastructure is key to meeting growing needs and sustaining a responsive, equitable crisis care system for all Nevadans.

NETWORK GOALS:

Goal 1: Ensure Rapid and Appropriate Placement for Individuals in Crisis

All **988 Crisis Call Centers** will utilize OpenBeds to identify and refer individuals to the most appropriate and least restrictive level of care, based on real-time availability and individual needs, in alignment with the Crisis Now model.

Goal 2: Strengthen Closed-Loop Referrals Across the Behavioral Health Continuum

All partners — including call centers, inpatient and outpatient receiving facilities and crisis stabilization services — should utilize OpenBeds digital referrals to ensure timely communication, acceptance, and disposition tracking for every behavioral health referral, reducing drop-offs and increasing continuity of care.

Goal 3: Increase Accountability and Responsiveness Within the Network

All receiving facilities will regularly update bed and service availability in OpenBeds and provide standardized reasons for referral denials, to support system accountability and performance improvement. **Any staff** at referring and receiving organizations with an OpenBeds user account can utilize OpenBeds.

Goal 4: Enable Real-Time Situational Awareness and System Oversight

OpenBeds data will be used by state leadership and 988 stakeholders to monitor referral flows, service utilization, and unmet needs with dashboards and reports to guide system improvements and resource allocation.

Network Requirements:

1. Digital Referrals and Communications

- a. Referrals:
 - i. Participants will utilize the online referral forms between network members
 - ii. Referring network participants will ensure that all Nevada Medicaid Managed Care patients are referred to providers within their Managed Care Organization (MCO) network
- b. Communication:
 - i. All received referrals will be acknowledged in a timely manner to support trust in the online referral process
 - ii. Utilize messaging section to communicate between receiving and referring organization
Provide feedback regarding referral outcome, e.g., client showed up for intake assessment
 - iii. Use the “Accept” or “Decline” options within the dropdown menu of the referral.
 - iv. Use the “Close” option within the dropdown menu of the referral upon referral completion.
 - v. Check either “Yes” or “No” for “Did the patient show up?” once the referral has been closed.

2. Updating Bed and Next Appointment Availability.

- a. All receiving providers are required to update their service availability according to Table A.
- b. Even if there is no change in availability, providers should click the “update availability” button to time/date stamp the action and confirm the review of the information.

Table A:

Service Type Category	Services in Category	Frequency
Inpatient / Residential	-Inpatient Psychiatric -Inpatient Withdrawal Management -Crisis Stabilization < 23 hrs -Crisis Stabilization > 23 hrs -Residential Mental Health -Residential Substance Use Disorder	Daily
Outpatient	- Ambulatory Withdrawal Management - Intensive Outpatient Treatment -Community Based Services -Medication Assisted Treatment: OTP -Medication Assisted Treatment: Non-OTP -Outpatient Counseling -Partial Hospitalization -Other Outpatient or Wrap-around Services	Weekly
Recovery Housing	-Group Home -Sober living -Supportive Housing	As Necessary

3. Social Services Supports.

- a. If the provider determines the patient has extenuating social service needs, consider using OpenBeds to initiate a connection to 211 using the Wrap Around Services field in the referral request form.

4. Decision Support Tool, Assessment Utilization.

- a. All referring providers may complete an American Society for Addiction Medicine assessment when making a referral for substance abuse treatment.