



HelplineIL.org • 833-2FINDHELP

Capacity Management System Frequently Asked Questions

Question: Who are priority populations and why are we maintaining this list?

Priority populations are a federal requirement of the Substance Abuse Block Grant (SABG) funds, as well as IDHS SUPR population specific priorities, which are part of all IDHS/SUPR funded agreements. Federal priority populations include (in order of priority): pregnant women with injection drug use, pregnant women with a substance use disorder, and individuals with injection drug use. Please refer to attachment C which is part of all IDHS/SUPR agreements - https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/SUPR/2020/Attachment_C_for_FY_2020_SUPR.pdf

Reporting on access to treatment for priority populations is also a part of SABG requirements, and is fulfilled in part through the CapMan system. All residential treatment programs (level 3.5) and Opioid Treatment Programs are required to maintain the CapMan system.

Question: If we are sharing this information, how do we address confidentiality/ HIPAA?

The CapMan system complies with all necessary federal/state SUD confidentiality requirements as well as HIPAA requirements.

Question: What if a client is on multiple wait lists? Will the system notify the other providers?

The CapMan system will inform providers when a person with the same RIN is admitted or removed from another provider's wait list. The system will not provide any additional information. Please note: residential treatment program (level 3.5) CapMan wait lists do not share or notify Opioid Treatment Program CapMan wait lists.

Question: If someone is on the wait list and another provider removes them from THEIR list, do we remove them from ours? We won't remove the client from our list unless we speak with the client; is that correct?

Before removing a person from the wait list, you must assure that the client has follow-up from your organization and is no longer appropriate to maintain on your wait list. The CapMan is designed to support this procedure.

Question: How often do we need to update the system?

Updating the CapMan system is a daily activity as long as your organization is open for services on any particular day. The waitlist should be maintained in real-time as your program adds clients to the waitlist and admits them.

Question: If a client doesn't have a RIN, how would we search for that client?

The CapMan system is for clients who have been assessed in need of the services you provide and are ready to be admitted. An assumption of the system is that your organization does not



ILLINOIS HELPLINE
for Opioids & Other Substances

Help is here.



HelplineIL.org • 833-2FINDHELP

have the capacity to admit a client at the time of placement in CapMan.

An option has been provided for cases in which the client's RIN is pending. No services provided will be billable unless a client has a RIN. A client can be added to the waitlist or removed from the waitlist without a RIN, but their status cannot be changed to admitted in the CapMan until a RIN is entered. This should not stop the program from admitting the client for services; the program will just need to add the RIN into the CapMan when it is received. A client without a RIN only populates to your program's waitlist. You are not able to notify other providers and will not receive notifications about this client from other programs until a RIN is entered.

Question: Not all individuals who contact us requesting admission have a phone number for contact. What should we enter in this instance?

The organization should only enter clients in the CapMan system that have been assessed as needing treatment and have been assigned a level of care. There is an option for clients that do not have phone numbers, see [CapMan instructions](#).

Question: Is Monday-Friday sufficient for updating the CapMan, even if we are open on the weekends?

The CapMan system is a capacity management system which allows an organization to record capacity as well as maintain a waitlist. If the organization provides services which impact capacity (admissions and discharges) on a given day, the CapMan is to be updated as well. CapMan should be updated for every day the organization is open for business.

Question: If we do not have a static number of beds by funding sources, how should we define the total number of beds in our agency?

Bed capacity is not a static number. The organization has the ability to adjust their bed capacity to assure proper resource utilization. The capacity number of beds are how many beds are available on the specific day the system is updated. For SUPR funded beds, agencies should use the number of beds defined in their annual certification plan as a starting point.

Question: Should we divide our funded beds and/or waitlists by gender?

If your agency or program serves all genders in one program, you may use the "funded beds" functionality to denote specific genders. For example, you can create an "Other" funding source labeled "all female beds" or "all male beds". Additionally, the Helpline can assist in creating additional waitlists for your program by gender.

Question: Who do we call for technical assistance?

Please contact the Helpline at CFigueroa@hria.org first and if issues are not resolved, please contact the SUPR Help Desk at DoIT.DASAHELP@ILLINOIS.GOV



ILLINOIS HELPLINE
for Opioids & Other Substances

Help is here.