

# Action Request Transmittal Aging and People with Disabilities



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**Number:** APD-AR-22-030

**Issue date:** 6/17/2022

**Topic:** Licensing

**Due date:** 7/5/2022

**Subject:** APD AFH Sprinkler Status in ASPEN

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services          |   |
| <input type="checkbox"/> Child Welfare Programs                        |   |

**Action required:** By July 5, 2022, please indicate sprinkler status in the Automated Survey Processing Environment (ASPEN) for any Adult Foster Home (AFH) licensed with Aging and People with Disabilities (APD). There only needs to be data input for those that are fully sprinkled and operational (option 01) or those that have sprinklers, but they are not operational (option 02). It is assumed that most AFH do not currently have sprinklers so data for those that are without a system (option 03) is not necessary.

Data is to be input as follows:

- Locate the APD AFH provider you wish to update information on
- Right click the provider's name to open the "facility properties"
- Click the third tab across the top which indicates "buildings/ wings"
- Highlight the provider's information and click "modify" which is towards the center of the visible screen


Facility Definition | Addresses | Buildings/Wings | Associations | Administration | Ownership | Licensing | Other

	Building ID	Effective Date	Building Name	CMS Type (K3)	Closed On	Stories	Constructor Type
1	01			House			R-3

Color Key

- No eff. date, not closed
- Eff. date, not closed
- Closed
- Licensed only

+ New    Modify    Delete



- On the bottom of the window that opens there are two drop down menus specific to sprinklers:

Sprinkler Detail

Is Sprinkler Required? (K56)

Sprinkler Status (K180)

OK    Cancel    Help

- Is sprinkler required? No answer is needed here.
- Sprinkler status – indicate 01 if fully sprinkled and operational and 02 if the provider has sprinklers but they are not operational
- Click “OK” on the next two screens to close the provider window and save your work

**Reason for action:** Oregon Senate Bill 1548 requires the Department report to the Oregon Legislature on various topics specific to sprinkler requirements in APD AFH. This data will help in compiling relevant numbers as the report is drafted.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

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