



Division of Quality Assurance  
**Ambulatory Surgical Facility**  
**Instructions for Capacity Increase**

**General Information and Instructions**

Ohio Administrative Code (OAC) rule 3701-83-04(F) requires an ambulatory surgical facility (ASF) to apply for an amended license when increasing the number of operating and/or procedure rooms. If your application is incomplete or is not accompanied by the fee and required documents below, approval may be delayed, your capacity change documents may be returned to you or your request may be denied. Please be advised that ASFs may not use any additional room(s) until an amended health care facility (HCF) license has been issued.

**Fee**

A check or money order, made payable to the **Treasurer, State of Ohio** in the amount of \$150, must accompany the documents listed below in order to process a capacity change request. Deposit of your fee does not mean that your application has been accepted and/or declared complete.

**Required Documents**

The following documents must be submitted as a complete packet to Ohio Department of Health at the address provided below.

1. A letter requesting a capacity increase on facility letterhead and signed by the owner or other authorized representative. Your letter must include the following information:
  - a. License number (e.g., 1234AS)
  - b. The current capacity; the number of additional operating and/or procedure rooms; and the total proposed capacity, (e.g., facility currently has five operating rooms and is requesting an increase of one operating room, resulting in a total proposed capacity of six operating rooms)
  - c. Details related to the capacity increase such as construction, renovation or relocation or change of use of rooms
  - d. The requested effective date of the capacity increase (e.g., construction/renovation is complete and the new operating and/or procedure room(s) is equipped to provide services and the facility is ready for inspection)
2. An 8 1/2" x 11" schematic drawing (floor plan) of the facility that clearly identifies the locations of the new operating and/or procedure rooms, as well as the current rooms, room numbers/identifiers and room dimensions



# Ohio

Department of Health

3. A copy of the facility's most recent State Fire Marshal Inspection report documenting that the ASF is in compliance with the state fire code
4. A copy of the facility's Certificate of Occupancy permit

Submit fee and documents to:

Ohio Department of Health  
Revenue Processing #3500  
P.O. Box 15278  
Columbus, Ohio 43215

## **On-Site Inspection**

An on-site inspection to determine compliance with the ASF rules is required prior to approving the capacity increase. An inspection will not be scheduled until the \$150 application fee and all documents have been received.

The facility will be charged a fee in accordance with OAC rule 3701-83-06.

## **Medicare and/or Medicaid Participation**

If you have any question regarding participation in Medicare and/or Medicaid, e-mail the Division of Quality Assurance, Certification Unit at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or call (614) 644-8118.

## **Contact Information**

If you have any questions regarding the process to increase your capacity, e-mail the Division of Quality Assurance, Licensure Program at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or call (614) 466-7713.