



Office of Health Assurance and Licensing  
**Ambulatory Surgical Facility**  
**Instructions for Capacity Decrease**

**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 permanently decreasing 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.

**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 permanent capacity decrease 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 rooms to be removed; and the total proposed capacity, (e.g., facility currently has five operating rooms and is requesting a decrease of one operating room, resulting in a total proposed capacity of four operating rooms)
  - c. Details related to the capacity decrease such as construction, renovation or relocation, change of use of rooms, alterations to the building
  - d. The requested effective date of the capacity decrease
2. An 8 1/2" x 11" schematic drawing (floor plan) of the facility that clearly identifies the locations of the operating and/or procedure rooms prior to and after the decrease, as well as the room numbers/identifiers and room dimensions
3. A copy of the facility's most recent State Fire Marshal Inspection report if the decrease includes alterations to the building



4. A copy of the facility's Certificate of Occupancy permit if the decrease includes alterations to the building

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 may be required prior to approving the capacity decrease if the change includes building alterations.

If an inspection is required, 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 Office of Health Assurance and Licensing, Bureau of Survey and Certification at [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or call (614) 644-8118

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